



OCEAN VIEW SCHOOL DISTRICT
HUMAN RESOURCES & CLASSIFIED PERSONNEL



EMPLOYEE RESIGNATION

Please accept my resignation from the Ocean View School District on the effective date indicated below:

Employee Name (please print) Employee Identification # Classification (Position title)

Last Date Worked Last Day in Paid Status
(if different from Last Date Worked)

Work Site(s) Supervisor(s) Forwarding Telephone #

Forwarding Address

Employee Signature Date Signed

Reason for Resignation

I would like to be considered to substitute in the following classifications:

1.	_____
2.	_____
3.	_____
4.	_____

Please note that this is a request. Multiple factors such as, but not limited to, substitute need, availability, and recommendations from supervisors will be taken into consideration by the Personnel Department to determine eligibility to be placed on a substitute employment status. Substitute employment status is not guaranteed.

For Office Use Only

Effective Date: _____ / _____ / _____

Board Agenda Date: _____ / _____ / _____

- ___ Personnel Requisition
- ___ Seniority & Allocation List
- ___ Evaluation Screen
- ___ Pull confidential forms
- ___ Ticket to I.S.