



OCEAN VIEW SCHOOL DISTRICT
HUMAN RESOURCES



RESIGNATION

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

Employee Name (Please print) Social Security #

Last Day Worked Date of Employment Current Position Title

Work Site Supervisor Forwarding Telephone #

Forwarding Address

Signature Date

Effective Date of Resignation

COMMENTS:

For Office Use Only

Effective Date: _____

Board Agenda Date: _____