



Ocean View School District

Human Resources

RESIGNATION/RETIREMENT FORM

CERTIFICATED

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

Employee Name (Please print) Employee ID #

Last Working Day Current Position Title

Work Site Supervisor Forwarding Telephone #

Forwarding Address

Signature Date

Effective Date of Resignation/Retirement Retirement

Resignation

Comments/Reason for Resignation:

For Office Use Only

Effective Date: _____

Board Agenda Date: _____