



Contact the Payroll Department for Final Payroll Warrant.

RESIGNATION/CLEARANCE FORM

Please check the box to indicate employee's classification, and mail the completed form to HR.

- Certificated-mail to Tara Petro Classified-mail to Rhia Villafuerte Child Development Programs-mail to Pam Heaton

To: Board of Education, Saugus Union School District

 Print Name

 Date

I hereby submit my resignation from the position of _____
(If you're a teacher, please indicate grade and subject.)

Located at _____
 School/Department

My last working day will be: _____

My reason(s) for leaving are: Please indicate your reason(s) by check mark(s)

- | | |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Family Responsibilities |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Accepted another position <input type="checkbox"/> in District <input type="checkbox"/> outside District |
| <input type="checkbox"/> Returning to school | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Other reason (Please Specify): |

Address:

 Street

Forwarding Address and Phone Number:
(If different from present address and phone number.)

 City State Zip

 Phone Number (where you may be reached)

 Current Email Address

 Employee's Signature Date

 Administrator's Signature Date

PERSONNEL CHECK LIST

- | | | |
|------------------------------|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> HRS | <input type="checkbox"/> Keys | <input type="checkbox"/> Board Personnel Report |
| <input type="checkbox"/> 4D | <input type="checkbox"/> Technology | <input type="checkbox"/> Requisition |

On behalf of the District, your resignation/retirement is effective _____

 Name

 Date

Authorized Designee's Title: _____