

DAVIS JOINT UNIFIED SCHOOL DISTRICT

Certificated Resignation

Name

Work Site(s)

Supervisor

Street Address

City/Zip

Phone #

Reason for Request:

____ Continuing Education

____ Family Necessity

____ Personal Necessity

____ Moving

____ Other (specify): _____

I am voluntarily requesting a resignation from my assignment as noted below effective _____, 20____.

Full resignation of _____ FTE.

Partial resignation of _____ FTE. I understand that I will retain _____ FTE.

I hereby certify the foregoing is a true statement of the reason(s) for my request for resignation from my employment with the Davis Joint Unified School District.

Employee Signature

Date

Approved by Superintendent or Designee:

Yes _____

No _____

Signature

Date

Approved by BOE: _____