



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES
1108 Bissell Avenue
Richmond, CA 94801-3135
(510) 231-1185

Date: _____

ID # _____

Please accept the resignation of _____
(Name – Please Print)

From _____ - _____
(Job Title/Classification) (Work Site/School/Department)

Last Day Worked _____ Effective _____
(Month – Day – Year) (Month – Day – Year)

Check Status: ☐ Certificated or ☐ Classified

The reason for terminating my services is checked below:

- ☐ Accepting other employment or career change
☐ Moving to another area
☐ Retirement
☐ Other

Comments (optional):

(Signature)

***IMPORTANT NOTICE:** Within sixty (60) days of termination, (for reasons other than retirement with lifetime health plan eligibility), employee may designate to continue health benefits insurance at their own expense. This must be done in writing to the Personnel/Benefits office.

Reminder: Please notify Personnel Services of any name or address changes so we can forward information to you if necessary.

Personnel Use Only:

(Action)

(By)

(Date)