

Pittsburg Community Schools
Unified School District 250

EMPLOYEE RESIGNATION FORM

Date: _____

Employee Name: _____
Please Print

Building: _____ Position: _____

Resignation Effective: _____ (last day)

Reason: _____

I wish to schedule an appointment with the Clerk's office to discuss benefits.
I can be reached at: _____

I certify that this resignation is executed by me voluntarily and of my own free will.

Employee Signature

Date

Accepted (Supervisor)

Date

An attempt was made to obtain signed resignation from employee.