



Notice of Resignation/Retirement

Washington Unified School District
7950 S. Elm Ave.
Fresno, CA 93706

Certificated Classified Sub/Temp

Name: _____ Contact Phone: _____

Job Title: _____ Department/Site: _____

Part I

I, _____ give this written notice that I am voluntarily resigning my employment effective ____/____/____ (my last day of work/resignation date). Is your separation due to retirement? Yes No

Please state reason for resignation (use additional paper if necessary) _____

Please update my personal records and send my W-2 to the following:

Address: _____ City: _____ State: _____ Zip: _____

Part II (Completion is Optional)

We would appreciate learning more about your work experiences gained during your employment with the Washington Unified School District (WUSD). Your cooperation in answering the following questions in an open manner will allow us to evaluate our policies, procedures and training within our programs as we constantly try to improve the way we do business. Thank you for your assistance.

How would you rate the following at WUSD?	Above Average	Average	Area of Improvement
Relationship with staff within Department/Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of Training Received by Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Growth and Developing Skills for Your Future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for Advancement within WUSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avenues of Communication with Immediate Supervisor/WUSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of Job Duties/Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of WUSD Regulations and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable please complete the following: Rate of Pay, Benefit Plans and Options Provided by WUSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe your work experience with WUSD?

What did you like best about your job? _____

What did you like least about your job? _____

Which WUSD policies, procedures, or benefit programs would you improve? _____

How would you improve them? _____

If you are resigning to work elsewhere please answer the following:

For which company, organization or district will you be working? _____

What type of work will you be doing on your new job? _____

What will be your new salary? _____ When will you start? _____

Are you requesting an exit interview? No Yes, I am requesting an exit interview with the person designated below:

Supervisor Human Resources _____

Part III

Please ensure that all equipment, keys, technology, phones, credit cards and property of the Washington Unified School District are returned to the department in which the items were checked out. Do not give any of these items or district property to other district employees. Not following this process may result in the delay in reconciling your final amount due

Employee's Signature: _____

Date: _____

Accepted

Superintendent or Designee: _____

Date: _____