PALISADES CHARTER HIGH SCHOOL

CERTIFICATED RESIGNATION FORM

I HEREBY RESIGN FROM EMPLOYMENT WITH PALISADES CHARTER HIGH SCHOOL EFFECTIVE _____ / _____ / _____

□ Administrator □ Teacher □ Counselor □ Other: _____

If you are retiring, the effective date of your resignation should be the day before your retirement date. You may withdraw your resignation within 48 hours after it is submitted.

Name: _____ Employee No: _____
Last First Middle

Social Security No: ___ - ___ - ____ Date of Birth: ___ / ___ / ____ Home Telephone: (___) _____

Home Address: _____
No. & Street City State Zip Code

_____ _____
Department Grade / Subject

Status (check one):
☐ Permanent ☐ Probationary
☐ Substitute ☐ Other

Reason for Resignation: _____

☐ I am retiring effective: _____

☐ I am resigning to accept other employment.

☐ I am resigning for other reasons. _____

☐ I am currently on a leave of absence: ☐ Yes ☐ No _____
(Specify: disability, illness, personal, etc.)

Total years of service with Palisades Charter High School: _____

I hereby resign effective on the date noted above from all positions held by me as an employee of Palisades Charter High School.

Employee Signature: _____ Date: ___ / ___ / ____

_____ _____ ___ / ___ / ____
Signature of Immediate Administrator: Title: Date:

_____ ___ / ___ / ____
Signature of Human Resources Director: Date:

HR OFFICE USE ONLY:

Date sent to the Board of Trustees: _____

Revised 04/2012

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