



GLENDALE UNIFIED SCHOOL DISTRICT
Glendale, California

CERTIFICATED RESIGNATION FORM

This form is to be completed by all certificated employees resigning from positions with the Glendale Unified School District and forwarded to the Human Resources Office. This information will be presented to the Board of Education at its next meeting.

RESIGNATION

Employees submitting resignations must indicate the reason(s) for resigning and the last day of work.

I have read the statements above and hereby resign as a certificated employee of the Glendale Unified School District.

I hereby request that my resignation be made effective on _____
Month Day Year

Reason for Resignation. Please explain on the line provided. Please use the back of the form if necessary.

- Child Care _____
- Health Problem _____
- Illness/Death in family _____
- Job Dissatisfaction _____
- Moving Out of the Area _____
- Other Employment _____
- Personal Reason _____
- Other Reason/Additional Comments _____

Employee's Signature

Date

Print Name

Received/Reviewed By:

Immediate Supervisor

Date Received

HUMAN RESOURCES OFFICE USE ONLY		
Date Received _____	By _____	Date of Board Action _____