



# Monterey County Office of Education

Leadership, Support, and Service to Prepare All Students for Success

Dr. Nancy Kotowski  
County Superintendent of Schools

## RESIGNATION / SEPARATION NOTICE

DATE: \_\_\_\_\_

TO: HUMAN RESOURCES DEPARTMENT

FROM: \_\_\_\_\_

Name (print) \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Personal Email \_\_\_\_\_

Please accept my resignation as \_\_\_\_\_  
Job Title  
at \_\_\_\_\_ School/Dept., effective at the end of the work-day \_\_\_\_\_  
Month/Day/Year

The reason for my resignation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Relocating       | <input type="checkbox"/> Retiring        |
| <input type="checkbox"/> Family           | <input type="checkbox"/> Job Opportunity |
| <input type="checkbox"/> Work Environment |  |
| <input type="checkbox"/> Other: _____     |  |

Signed: \_\_\_\_\_  
Employee

Signed: \_\_\_\_\_  
Principal/Supervisor

- I would like to continue as a substitute
- I will not be returning as a substitute or any other assignment
- I contacted the Financial Services Specialist (FSS) at 755-0313 regarding any health insurance premium balances due or to be refunded (required) \_\_\_\_\_ (FSS initials)
- If a Retiree: I submitted a new medical insurance change form to the Financial Services Specialist (FSS) 755-0313 \_\_\_\_\_ (FSS initials)

### FOR OFFICE USE ONLY:

If under contract: Released ( ) Not Released ( )	Asst. Supt of HR Initials: _____
Last day of employment: _____	Remove from Health Benefits: _____
Unassigned position #: _____	Processed payoff: _____
Changed employment status: _____	HR Technician Initials: _____