



NOTIFICATION OF RESIGNATION/RETIREMENT

I hereby resign from employment with the Farmersville Unified School District effective at the end of the work day ____/____/____.

Name: _____ Date: _____
Last First MI

Social Security # _____ - _____ - _____ Phone No. _____ Cell Number _____

Home Address: _____
No. & Street City State Zip

Job Title _____ Grade/Subject: _____

Work Location/Department: _____ Classified Certificated Management

I am resigning my position for the following reason:

- | | |
|---|--|
| <input type="checkbox"/> Employment in a different district | <input type="checkbox"/> Relocating |
| <input type="checkbox"/> Voluntary Resignation | <input type="checkbox"/> Work Location |
| <input type="checkbox"/> Salary / Wage | <input type="checkbox"/> Return to school |
| <input type="checkbox"/> Personal reasons | <input type="checkbox"/> Employment Conditions |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Other _____ |

I am retiring, effective ____/____/____ From: PERS STRS

By signing this resignation I declare that I have notified my school site or department and have given sufficient notice.

Employee's Signature: _____ Date: _____

Approved by:

Human Resources: _____ Date: _____

Superintendent _____ Date: _____