

RESIGNATION/RETIREMENT FORM

Coachella Valley Unified School District



Section 1: PERSONAL INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Employee # <i>(Found on Check Stub)</i>	Date of Birth

_____	_____
Position	School Site/Department

Status (Select One):

- | | | | | |
|---------------------------------------|------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Intern | <input type="checkbox"/> Substitute | <input type="checkbox"/> Classified | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Probationary | <input type="checkbox"/> Temporary | <input type="checkbox"/> Administrator | <input type="checkbox"/> Certificated | <input type="checkbox"/> Early Childhood Education |

_____	_____	_____
Current Home Address	City	State

_____	_____	_____
Home Phone	Cellphone	Email

Section 2: Resignation or Retirement – Please select one box below.

Resignation

Retirement

_____ Last Date of Employment

Section 3: – CURRENTLY ON LEAVE OF ABSENCE

(If not applicable, please skip section 4)

Type of Leave: Personal Leave (No Pay) Child Rearing Leave
 Opportunity Leave

_____ School Year

Section 4 – EMPLOYEE SIGNATURE

(PLEASE COMPLETE BACK SIDE)

I hereby resign/retire from my position as an employee of Coachella Valley Unified School District effective on the date noted above either on section 2 or 3.

_____ Signature of Employee

_____ Date

FOR THE HUMAN RESOURCES DEPARTMENT ONLY

_____ Superintendent/Designee Approval

_____ Date

_____ Board Approved/Agenda Date

PLEASE PRINT FORM, SIGN AND SEND TO:

REVISED 6/6/18

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT, HUMAN RESOURCES
 MAIL TO: P.O. BOX 847 THERMAL, CA 92274
 PHYSICAL ADDRESS: 87-225 CHURCH STREET THERMAL, CA 92274

RESIGNATION/RETIREMENT FORM

Coachella Valley Unified School District



Coachella Valley Unified School District thanks you for your service to our students. We are sorry you are leaving the District. Please let us know if you had a positive experience. If there was a problem, we want to address it if we possibly can. It truly is important that we hear from you. Please note that the information you provide is **CONFIDENTIAL** and will not be disclosed to anyone.

1. Please check the reason below that influenced your decision to separate:

- Career Movement
- Leaving Area/Relocating
- Personal Reasons
- Working Conditions
- Other: _____

2. Rate your most recent experience with the following: *(Check the appropriate number with 1 being "poor" and 5 "excellent.")*

Pupils	Co-workers	School Site Administrators	District Administrators
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

3. How do you feel about your experience with the District?

4. What did you enjoy the most about being an employee with CVUSD and what improvements, if any, would you recommend to the District?

5. Would you return to work for CVUSD? Yes No Maybe

PLEASE PRINT FORM, SIGN AND SEND TO:

REVISED 6/6/18

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT, HUMAN RESOURCES
 MAIL TO: P.O. BOX 847 THERMAL, CA 92274
 PHYSICAL ADDRESS: 87-225 CHURCH STREET THERMAL, CA 92274