

CLASSIFIED EMPLOYEE
 CERTIFICATED EMPLOYEE

BARSTOW UNIFIED SCHOOL DISTRICT
551 South Avenue H ☒ Barstow, CA 92311

RESIGNATION FORM

Employee Name: _____ Site/Department: _____

To the Board of Trustees of the Barstow Unified School District:

I hereby resign from the following position _____
now held by me as an employee of Barstow Unified School District, said
resignation to be effective at the close of business on _____.
(Date)

Reason:

Forwarding Address/Phone Number

I further have been informed and fully understand that once the Superintendent has affixed her/his signature of acceptance to the above resignation, the resignation is final and can not be rescinded. The above resignation becomes effective upon the date stated above.

Date: _____ Employee Signature: _____

Certificated Personnel Signature

Classified Personnel Signature

ACCEPTANCE OF RESIGNATION:

Date: _____

Superintendent Signature

Board approval date: _____