



North Monterey County Unified School District

8142 Moss Landing Rd.
Moss Landing, CA 95039
(831) 633-3343
www.nmcusd.org

RESIGNATION FORM

From: _____

Work Location(s): _____ Job Classification: _____

Forwarding Address: _____

Phone Number: _____

I hereby resign from my position effective: _____
(Last Working Day)

For the following reason(s): _____

Additional Comments (Optional): _____

(Signature)

(Date)

Please submit the completed form to your supervisor who will initial the form and send it to HR.

Supervisor notified of resignation: _____
(Initials) (Date)

Date Received by Human Resources _____