

## SAN LEANDRO UNIFIED SCHOOL DISTRICT

## Certificated & Classified Personnel Resignation/Retirement

To:	Personnel Services Department		Date:		
From	:				
	Name (Please print)		Site	<del></del>	Position
I subi	mit my resignation from the Sar	Leandro	Unified Scho	ol District. My	last work day
was/v	will be				
	Date				
I am	resigning for the following reason	on:			
[ ]	Retirement [ ]	Health	[	] Relocating	
[ ]	Employment elsewhere				
[]	Other (please specify)				
	Employee's Signature		-	Г	Date
	Employee 3 Signature			L	rate
	Principal/Supervisor		-	Γ	Date
	Director, Personnel Services	<u> </u>	-	Ε	Date
Need a	an answer to a question about CalPER		t the tool-free Pul CalPERS	olic Service unit: 1-	888-225-7377, or write:
			Box 942704		
Sacramento, Ca 94229-2704					
			ww.calpers.ca.		
Need a	an answer to a question about CalSTR			olic Service unit: 1-	800-228-5453, or write:
			CalSTRS		
P.O. Box 15275 Sacramento, Ca 95851-0275					
(916) 383-0181					
		•	www.calstrs.co	om	

Please contact: Veronica Ochoa Employee Benefits Specials Regarding your Benefits, Medical and Dental Email: vochoa@slusd.us