

FULLERTON SCHOOL DISTRICT
PERSONNEL SERVICES

RESIGNATION FORM

NAME: _____ LOCATION: _____

Address: _____
Street City/State/Zip

Please accept this as my final decision that I will be resigning from the Fullerton School District on _____ .

This date will be my last working day in paid status under my contract.

Reason for resigning: _____

I would like to continue working as a substitute teacher with the Fullerton School District.

Yes: _____ No: _____

Employee Signature: _____ Date: _____

Approved: _____ Date: _____
Assistant Superintendent/Personnel Services