

RIVERSIDE UNIFIED SCHOOL DISTRICT

Department of Personnel-Leadership & Development 3380 14th Street, Riverside, CA 92501 Phone: (951) 788-7135 Fax: (951) 778-5671

PERSONNEL ACTION REQUEST: RESIGNATION / RETIREMENT

Name:	Date:
Name: (Please print full name)	
Employee Number:	Present School/Site:
☐ Certificated Employee Pr	resent Grade Level/Subject:
☐ Classified Employee Po	osition Title:
Please initiate the following personnel action	request:
I hereby tender my resignation/retirement a	s an employee of the Riverside Unified School District.
My last day of service will be	
REASON:	
C 4411	N A11 '6 1' 11
Current Address:	New Address, if applicable:
Telephone Number:	Telephone Number:
Employee Signature:	Date:
Principal/Supervisor Signature:	Date:
PE	RSONNEL USE ONLY
Received Date	Effective Date
By	Date
Years of service	<u> </u>
Comments:	