

# NOTICE OF VOLUNTARY SEPARATION

Fairfield-Suisun Unified School District

SECTION 1: TO BE COMPLETED BY EMPLOYEE										
1. NAME OF EMPLOYEE (LAST, FIRST AND MIDDLE)	2. SOCIAL SECURITY NO. (Last 4) <div style="text-align: center;">XXX-XX-</div>	3. HOME TELEPHONE NO.								
4. HOME ADDRESS OF EMPLOYEE (NUMBER, STREET, APARTMENT NO., CITY, STATE AND ZIP CODE) FOR MAILING W-2 FORMS										
5. IS HOME ADDRESS NEW? <input type="radio"/> YES <input type="radio"/> NO	6. POSITION TITLE	7. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> PERMANENT</td> <td><input type="checkbox"/> FULL-TIME</td> </tr> <tr> <td><input type="checkbox"/> TEMPORARY</td> <td><input type="checkbox"/> PART-TIME</td> </tr> <tr> <td><input type="checkbox"/> PROBATIONARY</td> <td><input type="checkbox"/> CLASSIFIED</td> </tr> <tr> <td></td> <td><input type="checkbox"/> CERTIFICATED</td> </tr> </table>	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> PROBATIONARY	<input type="checkbox"/> CLASSIFIED		<input type="checkbox"/> CERTIFICATED
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> FULL-TIME									
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PART-TIME									
<input type="checkbox"/> PROBATIONARY	<input type="checkbox"/> CLASSIFIED									
	<input type="checkbox"/> CERTIFICATED									
8. WORK LOCATION	9. WORK PHONE	10. DATE OF LAST PHYSICAL DAY WORKED (M/D/Y)								
EMPLOYEE REGARDED EMPLOYMENT (OPTIONAL) <input type="radio"/> POSITIVE <input type="radio"/> NEGATIVE <input type="radio"/> NEUTRAL		WOULD YOU LIKE TO DISCUSS CONCERNS? <input type="radio"/> NO <input type="radio"/> YES IF "YES" CONTACT THE HUMAN RESOURCES								

### Separation Code

CHECK ONE CODE WHICH BEST DESCRIBES YOUR SPECIFIC REASON FOR SEPARATION

- |  |   |   |
|--|---|---|
| <input type="radio"/> Retirement                           | <input type="radio"/> Resigned - moving out of area | <input type="radio"/> Resigned - Immediate family needs |
| <input type="radio"/> Resigned - accepted another position | <input type="radio"/> Resigned - health reasons     | <input type="radio"/> Resigned - extended family needs  |
| <input type="radio"/> Resigned - continue education        | <input type="radio"/> Resigned - transportation     | <input type="radio"/> Resigned - dissatisfied with job  |
|  |   | <input type="radio"/> Other (specify)                   |

Please provide a brief explanation of reason for separation if you checked other:

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I understand that all District property must be returned to my Supervisor.

SIGNATURE OF EMPLOYEE X	DATE SIGNED
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SECTION II: TO BE COMPLETED BY IMMEDIATE SUPERVISOR/PRINCIPAL		
PRINT NAME OF SUPERVISOR	TITLE	TELEPHONE NO. OF SUPERVISOR
A. If employee was not able to complete Section I above, give reasons below, and complete numbers 1 through 10 as best you can.		
B. EMPLOYEE HAS RETURNED ALL DISTRICT PROPERTY (ie. computers, uniforms, keys, textbooks, grade books, and other District property)  <input type="radio"/> Yes <input type="radio"/> No    If "No", notify Human Resources Immediately.		C. SEPARATION DATE IF DIFFERENT THAN LAST PHYSICAL DAY WORKED (MO/DAY/YR)
SIGNATURE OF SUPERVISOR X		DATE SIGNED

SECTION III: FOR HUMAN RESOURCE SERVICES ONLY			
SIGNATURE OF ASST. SUPT./DIR. HUMAN RESOURCES			DATE SIGNED
SEPARATION EFFECTIVE DATE	EMPLOYEE TYPE <input type="checkbox"/> MGMT. <input type="checkbox"/> CERT. <input type="checkbox"/> CLASS.	CONTROL #	DISTRIBUTION: <u>Employee</u> : Complete section I and a copy will be returned to you after being signed. <u>Supervisor/Administrator</u> : Complete Section II B (or A and B if employee is not available). <u>Human Resources</u> : Complete Section III, retain original and mail copy to employee. Send signed copy to site supervisor, Personnel Specialist, Payroll Dept.
DATE OF BOARD ACTION			

**\*NOTE: The resignation becomes irrevocable once accepted by the Asst. Supt., / Director Human Resources**