



# SAN LEANDRO UNIFIED SCHOOL DISTRICT

## Certificated & Classified Personnel Resignation/Retirement

To: Personnel Services Department

Date: \_\_\_\_\_

From: \_\_\_\_\_  
Name (Please Print) Site Position

I submit my resignation from the San Leandro Unified School District. My last work day was/will be \_\_\_\_\_  
Date

I am resigning for the following reason:

Retirement Health Relocating Employment elsewhere

Other (please specify) \_\_\_\_\_

I submit my resignation from all positions with the District: Yes No

I want to be considered for employment as : \_\_\_\_\_  
(Pending authorization to work)

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Principal/Supervisor Date

\_\_\_\_\_  
Director, Personnel Services Date

Need an answer to a question about CalPERS? Contact the toll-free Public Service unit: 1-888-225-7377, or write:  
CalPERS

P.O. Box 942704  
Sacramento, Ca 94229-2704

Email: [www.calpers.ca.gov](http://www.calpers.ca.gov)

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Need an answer to a question about CalSTRS? Contact the toll-free Public Service unit:

1-800-228-5453, or write: CalSTRS

P.O. Box 15275  
Sacramento, Ca 95851-0275

(916) 383-0181

Email: [www.calstrs.com](http://www.calstrs.com)

Please contact: Maria David  
Employee Benefits Specialist  
Regarding your Benefits, Medical and Dental  
Email: [mdavid@slusd.us](mailto:mdavid@slusd.us)