



# HIGHLINE SCHOOL DISTRICT PERSONNEL RESIGNATION FORM

Employee's Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Effective Date of Resignation: \_\_\_\_\_  
(Last Day Worked)

**Certificated Personnel:** All requests for release before the end of a contracted period are approved only upon finding a suitable replacement.

Forwarding Address: \_\_\_\_\_

Reason for Termination: ☐ Retirement ☐ Resignation

Number of years employed with Highline School District \_\_\_\_\_

I am interested in substituting: ☐ Yes ☐ No

If Resignation, Employee's Reason:

- ☐ New Job \_\_\_\_\_
- ☐ Personal \_\_\_\_\_
- ☐ Work Related \_\_\_\_\_
- ☐ Spouse Transferred \_\_\_\_\_
- ☐ Illness or Disability \_\_\_\_\_
- ☐ Return to School \_\_\_\_\_
- ☐ Other (Be Specific) \_\_\_\_\_

Exit Interview with Human Resources requested: ☐ Yes ☐ No

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

Supervisor's Remarks: \_\_\_\_\_

Recommended for Rehire: ☐ Yes ☐ No

Signature of Supervisor/Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Department/School: \_\_\_\_\_

## For Department Use Only

Signature of Human Resources Director/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Board: Yes \_\_\_\_\_ No / Reason: \_\_\_\_\_  
(Date)