



PASADENA UNIFIED SCHOOL DISTRICT

SEPARATION FORM

SUBMIT COMPLETED FORM TO HUMAN RESOURCES

Classified
Certificated
Board Report # _____
Date: _____

Section A - To be completed by employee and sent to immediate administrator.

Name: _____ Last 4 digits of social or EID#: _____

Mailing Address: _____
Number & Street City State Zip Code

Telephone Number: _____ Message Telephone: _____

I wish to resign/retire at the end of the work day _____ from my positions as _____
(Circle one) (Date) (Job Title) (For Teacher grade level/subject)
in the School/Department _____. My retirement date is _____.
(Must be at least 1 (one) day after last day worked)

I am taking this action for the following reasons: _____

My feelings about my employment were: Positive Negative Neutral Original contracted hire date: _____
Sick Leave Balance: _____
Verified by: _____
Signature of Employee Today's Date

Section B - To be completed by immediate administrator if employee is unable to complete SECTION A.

From _____ This is to inform you that _____
(School/Department)
has terminated his/her position as _____ as of the end of the work
day _____. The reason for this termination is _____

Employee could not complete SECTION A because _____
Signature of Immediate Administrator Today's Date

Section C - To be completed by immediate administrator.

The service of this employee was: Acceptable Marginal Not Acceptable
Comment on the employee's general service with you: _____

Do you recommend that we re-employ this person? Yes No
Has the employee returned all District property? Yes No - If no, "IMMEDIATELY" notify the Payroll Division
of Business Services

Last Day of Service Signature of Immediate Administrator Today's Date

Distribution: Employee Site Administrator HR Tech.
 Payroll Benefits Sub. Desk