Berkeley Unified School District

Human Resources Department
2134 Martin Luther King Jr. Way, Berkeley, California 94704-1180 www.berkeley.k12.ca.us
Telephone (510) 644-6150 Fax (510) 644-6151

SEPARATION FORM

To expedite the processing of this separation, please complete all sections of this form, obtain your supervisor's signature, and submit it to the Human Resources Department.

Employee Classification: ❒Certificated ❒Classified ❒Student

Reason for Separation:

❒ Another Job in Private Industry ❒ Another Job in Public Education ❒ Caregiver Responsibilities
❒ Job Dissatisfaction ❒ Medical ❒ Lack of Transportation
❒ Retirement (for additional assistance contact the Payroll and/or Benefits Departments) ❒ Relocating

Employee Information:
Employee Name: Employee ID# or Social Security Number E-mail:

Last First
Employee Address :

Street Apt. # Contact Phone: ( ) Alternate Phone: ( )

City State Zip Code

Current Job Title: _____ Site: _____

Program:_____ Grade or Subject:_____

I hereby tender my resignation for the reason(s) noted above. Such resignation is to become effective at the close of business (date): _____ (This will be the last pay day.)

I tender 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: _____

Reviewed by Immediate/Program Supervisor

Supervisor's Signature: _____Title_____ Date: _____

Rehire Eligible Yes ❒ No ❒ SUBMIT TO HR WITHIN 24 HOURS OF RECEIPT.

FOR HUMAN RESOURCES USE ONLY

Authorizing Signature: _____ Title:_____ Date: _____/_____/_____

Date Submitted to Board for Approval _____/_____/_____ Rehire Eligible Yes ❒ No ❒ _____

Route copies as follows:
❒ EMPLOYEE ❒ PERSONNEL FILE ❒ IMMEDIATE SUPERVISOR ❒ PROGRAM SUPERVISOR ❒ PAYROLL ❒BENEFITS ❒ HR FILE

January 2011 MB