

WASHOUGAL SCHOOL DISTRICT

4855 EVERGREEN WAY
PH: 360.954.3000



WASHOUGAL, WA 98671
FAX: 360.835.7776

PERSONNEL RESIGNATION FORM

Employee's Name: _____ Today's Date: _____

Position: _____ Location: _____

Anticipated Last Day of Work: _____

(For certificated personnel, all requests for release before the end of a contracted period are approved at the convenience of the school district and are subject to the approval of the Washougal Board of Directors.)

Forwarding Address: _____

Employee's reason for resigning: _____

Employee's signature: _____ Date: _____

Supervisor's remarks: _____

Recommended for rehire: Yes _____ No _____

Signature of Supervisor/Principal: _____ Date: _____

Department/School: _____

Forward completed form to Human Resources Department at the District Office

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For District Office Use Only

Signature of Designee: _____ Date: _____