



Paso Robles Joint Unified School District

**SEPARATION FORM**

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

Current Assignment: \_\_\_\_\_ Location: \_\_\_\_\_

I hereby request that the Board of Trustees of the Paso Robles Joint Unified School District accept my resignation from the District, effective at the close of business on \_\_\_\_\_  
Month Day Year

**The Reason for this Separation is:**

- |                           |     |                                   |            |
|---------------------------|-----|-----------------------------------|------------|
| Marriage/Home Duties (50) | ( ) | Health (55)                       | ( )        |
| Maternity (03)            | ( ) | Resume Studies (56)               | ( )        |
| Teaching Elsewhere (51)   | ( ) | Leaving Area (53)                 | ( )        |
| Change of Occupation (52) | ( ) | 39 Month Rehire List              | ( )        |
| Personal (57)             | ( ) | <b>Retirement (54) *see below</b> | <b>( )</b> |

**FORWARDING ADDRESS (For warrants, W-2 forms, etc.)  
NOTIFY PERSONNEL OFFICE IF THERE IS A CHANGE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Final Paycheck**  
Please check one:

Will pick up at District Office

Please Mail

Automatic Deposit

- \*District Health Insurance    Yes ( )    No ( )
- \*Retirement Plan            STRS ( )    SISC ( )    PERS ( )
- \*Retirees Only

**PERS RETIREES:** If hired on or after July 1, 1981, do you wish to have a stipend paid to you for your sick leave @ 75% of current daily rate? (\$2,500 max) **YES NO**

Do you wish for balance of sick leave to be forwarded to CalPERS? **YES NO**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Official / Human Resources

\_\_\_\_\_  
Date

For Personnel Office Use Only:    Board Action Date: \_\_\_\_\_    Effective Date: \_\_\_\_\_

cc: Payroll Office & Business Office

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