



Resignation/Retirement Form

I, _____, hereby submit my resignation from
(Print Name)

St. Vrain Valley School District effective: _____
(Last day expected to work)

I am Resigning Retiring from the following assignments:

(Position)

(Location)

(Position)

(Location)

(Position)

(Location)

For the following reason(s): _____

I will continue employment in the following assignments:

(Position)

(Location)

(Position)

(Location)

Please write your address and phone number in the space below:

I acknowledge that my supervisor is aware of my resignation. I understand I will have access to Employee Online for 36 months after my final work day with St. Vrain Valley School District.

(Employee's Signature)

(ID Number)

(Date)

(Human Resources Signature)

**Please return completed form to Human Resources:
395 S. Pratt Pkwy • Longmont, CO 80501 • Fax: 303-682-7366**