



Berkeley Unified School District

Human Resources Department

2020 Bonar Street, Berkeley, California 94702 www.berkeley.net
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