



NOTICE OF RESIGNATION

PLEASE PRINT OR TYPE

Name: _____ Employee ID: _____

Job Title: _____ Worksite: _____

Last Day Worked: _____

Mailing address: _____
Number Street City, State Zip

Is this address and/or phone number different than what is currently on file? YES NO

REASON FOR RESIGNATION - Please check the appropriate item:

- Personal Decision
- Attend School
- Retirement _____
Date
- Job Dissatisfaction
- Relocation
- Other _____

Obtained other employment – Select all that apply:

- Growth Opportunities
- Better Salary and/or Benefits
- Better Commute
- Work Schedule
- Other _____

Have you ever paid into STRS or PERS retirement system? YES NO If Yes, STRS PERS

Would you like to remain as a substitute? YES NO

Signature

Date

IF MOVING FROM THE AREA, COMPLETE THE FOLLOWING:

Phone No: (____) _____

C/O (if applicable): _____

Forwarding address: _____
Number Street City, State Zip Code

TRANSFER OF EARNED SICK LEAVE

In accordance with California Ed Code Sections 44979, 44980, and 45202, any employee of any school district, county superintendent of schools, or community college district who has been employed for a period of one calendar year or more whose employment is terminated for reasons other than action initiated by the employer for cause and who subsequently accepts employment with another California school district or county superintendent of schools within one year of the termination of his or her former employment, may request to have transferred, with him or her, to the school district or county superintendent of schools the total amount of earned leave of absence for illness.

PLEASE COMPLETE EXIT SURVEY ON BACKSIDE

EXIT SURVEY

Name: _____

Questions:

Circle One

- | | |
|------------------------------------------------------------------------------------|----------------|
| 1. Did you know what was expected of you at work? | Yes Neutral No |
| 2. Did you have the materials and equipment to do your work right? | Yes Neutral No |
| 3. Did you have the opportunity to do what you do best every day? | Yes Neutral No |
| 4. Did you receive recognition or praise for doing good work? | Yes Neutral No |
| 5. Did your supervisor or someone at work, seem to care about you as a person? | Yes Neutral No |
| 6. Was there someone at work who encouraged your development? | Yes Neutral No |
| 7. At work, did your opinions seem to count? | Yes Neutral No |
| 8. Did the mission/purpose of CVUSD make you feel your job was important? | Yes Neutral No |
| 9. In the last six months, did someone at work speak with you about your progress? | Yes Neutral No |
| 10. Would you recommend CVSUD as a great place to work to your friends or family? | Yes Neutral No |

What attracted you to the Cajon Valley Union School District (CVUSD)?

What did you like most about your position with CVUSD?

Can you offer any other comments that will enable us to understand why you are leaving, how we can improve, and what we can do to become a great place to work?

We appreciate your response to our survey. We wish you success in your new endeavor. CVUSD strives to create a positive environment for all employees. The District appreciates your contribution to the District and the students of Cajon Valley.

Would you like to meet with a Personnel staff member to share your experience? _____ Yes _____ No