



# NOTICE OF RESIGNATION/REQUEST FOR RELEASE OF CONTRACT

Certificated  Classified  Management

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Site: \_\_\_\_\_ Dept: \_\_\_\_\_

I, \_\_\_\_\_ give this written notice that I am voluntarily resigning/requesting a release from my employment.

My last day of work, if approved by my supervisor, will be \_\_\_\_\_. Please send my W-2 to the following address:

Address City State Zip

Personal email address:

The reason for my resignation is: (If additional space is needed please use back.)

We would appreciate learning about your reaction to some of your experiences gained during your employment at the San Luis Obispo County Office of Education. Your cooperation in answering the following questions in a forthright manner will allow us to evaluate our policies, procedures and program as we constantly try to improve the way we do business. Thank you for your assistance.

1. How would you rate the following at SLOCOE:	Excellent	Above Average	Average	Below Average	Poor
Immediate Supervisor	<input type="checkbox"/>				
Cooperation within Department	<input type="checkbox"/>				
Adequacy of Training Received	<input type="checkbox"/>				
Rate of Pay	<input type="checkbox"/>				
Opportunity for Advancement	<input type="checkbox"/>				
Avenues of Communication	<input type="checkbox"/>				
Benefit Plans Provided by SLOCOE (if applicable)	<input type="checkbox"/>				
Explanation of Job Duties/Responsibilities	<input type="checkbox"/>				
Explanation of Pay Plan/Benefits	<input type="checkbox"/>				
Explanation of SLOCOE Regulations and Procedures	<input type="checkbox"/>				

2. What did you like best about your job? \_\_\_\_\_

3. What did you like least about your job? \_\_\_\_\_

4. Which SLOCOE policies, procedures, or benefit programs should be improved? \_\_\_\_\_

5. How would you improve them? \_\_\_\_\_

I am requesting an exit interview with the Chief Human Resources Officer

I will not be requesting an exit interview.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Supervisor Notified of Resignation: \_\_\_\_\_

Approved by Chief Human Resources Officer: \_\_\_\_\_ Date: \_\_\_\_\_