



**San Francisco Unified School District  
Retirement / Resignation Form  
Certificated / Paraprofessional / Classified Employee**

Please FAX (241-6375) to: Leaves & Separations Unit • Human Resources • 555 Franklin Street • San Francisco • CA 94102

**ALL employees please complete this section:**

SFUSD Employee ID #	Social Security #	Phone #	
_____	____ - ____ - _____	( ) - _____	
Last Name	First Name	Middle Name	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____
School / Site Location	Job Title		
_____	_____		

\*To contact you following your separation from the District (in the event that correspondence is needed), please include your personal email address, **not** your SFUSD email address below. We will also send you a survey that will give you an opportunity to provide key insights on your experience here at SFUSD. Our goal is to use your responses to address what we can do to support current staff members more effectively.

\* Personal Email \_\_\_\_\_

**Please complete this section ONLY if you intend to RETIRE:**

Initial \_\_\_\_\_

I hereby request the Board of Education to accept my **RETIREMENT** effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)\*

\*if you intend to complete the current school year, write 06 / 30 / 2017 as your effective date

**Please select your retirement plan (check only one):**

- |  |   |  |
|--|---|--|
| <b>Certificated</b>  | <b>Paraprofessional</b>   | <b>Classified</b>                        |
| <input type="checkbox"/> STRS State Teachers Retirement System | <input type="checkbox"/> Social Security per Section 13.17 of UESF Contract | <input type="checkbox"/> City Retirement |
| <input type="checkbox"/> San Francisco City Retirement Plan    |   |  |

**Please complete this section ONLY if you intend to RESIGN:**

Initial \_\_\_\_\_

I hereby request the Board of Education to accept my **RESIGNATION** effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)\*

\*if you intend to complete the current school year, write 06 / 30 / 2017 as your effective date

**Please indicate your primary reason for resigning (check only one):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accepted teaching position elsewhere | <input type="checkbox"/> Maternity                      | <input type="checkbox"/> Personal reasons |
| <input type="checkbox"/> Dissatisfied with working conditions | <input type="checkbox"/> Military service               | <input type="checkbox"/> Relocation       |
| <input type="checkbox"/> Dissatisfied with salary             | <input type="checkbox"/> No longer wish to be a teacher | <input type="checkbox"/> Return to school |
| <input type="checkbox"/> Other (please specify): _____        |   |   |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Do you wish to withhold notice of your Retirement / Resignation from UESF?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**For Official District Use Only**  
Human Resources Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_