



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 (and resignation date) if approved by my supervisor will be _____ .
 Please send my W-2 to the following address:

Address City State Zip

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

- What did you like best about your job? _____
- What did you like least about your job? _____
- Which SLOCOE policies, procedures, or benefit programs should be improved? _____
- 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:

Thomas E. Alvarez, Chief Human Resources Officer: _____ Date: _____