

NOTICE OF RETIREMENT

☐ Certificated ☐ Classified ☐ Management

	e: SSN:					
Name:						
Site:	Dep	t: 				
I, give this wr	itten notic	e that I an	n voluntari	ly retiring fron	n my	
employment.				, .		
My last day of work, if approved by my supervi	isor, will b	e:				
Please send my W-2 to the following address:	.551, 1,111 0				- 1	
rease send my w-2 to the following address.					- 1	
	Street Address City, State, Zip					
Personal email address:					- 1	
We would appreciate learning about your reaction the San Luis Obispo County Office of Education.	Your coop	peration in a	nswering th	e following ques	tions in	
forthright manner will allow us to evaluate our polithe way we do business. Thank you for your assista		aures and pro	ogram as we	e constantly try to	o improv	
the way we do business. Thank you for your assista	ilice.					
How would you rate the following at SLOCOE:	Excellent	Above Average	Average	Below Average	Poor	
Immediate Supervisor						
Cooperation within Department						
Adequacy of Training Received						
Rate of Pay						
Opportunity for Advancement						
Avenues of Communication						
			1 1	1.1		
Benefit Plans Provided by SLOCOE (if applicable)				_		
Explanation of Job Duties/Responsibilities						
Explanation of Job Duties/Responsibilities Explanation of Pay Plan/Benefits						
Explanation of Job Duties/Responsibilities						
Explanation of Job Duties/Responsibilities Explanation of Pay Plan/Benefits Explanation of SLOCOE Regulations and Procedures						
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