

## NOTICE OF RESIGNATION/RETIREMENT/SEPARATION

Employee Name:				
Please Indicate Employee Group Unit:				
☐ Classified Bargaining Unit	Academic Ba	rgaining Unit	☐ Classified Confidential	
☐ Classified Administrator	☐ Academic Administrator			
Position Title:				
Department/School:				
I hereby submit notification of my er effective at the close of business on			uthwestern Community College District reason(s):	
Retirement	☐ Resignation			
Other Employment	Other			
Employee Signature:		Date Submitted:		
Mailing Address:				
Email Address:				
The above se	paration has been	received and acce	pted by the District	
		Supervisor/	/HR	
cc: Supervisor, Human Resources, Payroll, Employee		 Date		