



CHICO UNIFIED

SCHOOL DISTRICT

Human Resources
1163 E. 7th Street Chico, CA 95928
Phone: (530) 891-3000 Fax: (530) 891-3211

Today's Date: _____

Employee: _____ ID # _____
(Please print)

Re: Letter of Resignation

I am hereby submitting my letter of resignation for the following position(s):

_____ at _____, _____ hours/day
_____ at _____, _____ hours/day
_____ at _____, _____ hours/day

Last Employment Date with CUSD: _____

Reason: ☐ Personal, Not Job Related ☐ Family Obligations ☐ Illness
☐ Not Returning from Leave ☐ School ☐ Transportation
☐ Accept Other Employment ☐ Start Own Business ☐ Relocate
☐ Dissatisfaction-Salary ☐ Dissatisfaction-Work Hours
☐ Other – Please Explain _____
☐ Other – Would like to meet and discuss

I would like to remain employed as a substitute. ☐ Yes ☐ No

I am resigning only the position(s) listed and will retain my position(s) of:

_____ at _____, _____ hours/day
_____ at _____, _____ hours/day

Sincerely,

Signature

Please return this completed form to the Classified Human Resources office.