

SUTTER COUNTY SUPERINTENDENT OF SCHOOLS
Human Resources Department

RESIGNATION FORM

TO: Tom Reusser, Superintendent

Employee Name:
Address, City, Zip:

I hereby **resign** from the position of: _____

Program: _____ Worksite: _____

I now hold as an employee of Sutter County Superintendent of Schools.

My resignation is to be **effective** _____ (date).

The **reason** for my resignation is: _____

The County Superintendent, pursuant to Education Code Sections 44930 and 45201,“shall accept the resignation of any employee and shall fix the time when the resignation takes effect, which shall not be later than the close of the school year during which the resignation has been received”.

I understand that this resignation indicates my wish to resign on the effective date stated above; however, this resignation is not effective until such time I receive notice from the County Superintendent that it has been accepted.

Employee's Signature

Date