



GRESHAM-BARLOW SCHOOL DISTRICT

EMPLOYEE RESIGNATION FORM

If you would like to speak to someone in Human Resources before completing this form, for licensed staff please call Melissa Cenicerros, 503-261-4563 and for classified staff Andrea Tinnon, 503-261-4561. They will arrange an appointment for you as soon as possible.

Please send this form through District mail or email to : Melissa Cenicerros, cenicerros5@gresham.k12.or.us for licensed staff and Andrea Tinnon, tinnon@gresham.k12.or.us, for classified staff. If using District mail, please send to the District Office to the appropriate HR Specialist in the Human Resources Department.

- Classified
- Licensed (60 day notice is required per ORS 342.553)
- Administrator

Name:

PEID # _____

Job Position:

Location:

Resignation Effective Close of Business Day on:

Reason for Resignation:

I certify that this resignation is executed by me voluntarily and of my own free will.

Employee Signature

Date

Deputy Superintendent/Human Resources

Date

HR Use: _____