

Employee Notice of Resignation

Complete the below information and provide this form to your supervisor to process your resignation.

Helpful information:

- In the position fields below, indicate all positions from which you are resigning.
- If you wish to continue in or be considered for either a coach or a classified/certified substitute position, contact HR Customer Care at 720.433.0140 prior to your last day of work.
- If this form is received by the 10th of the month, final pay will be processed with the regular payroll cycle. Direct deposit may not happen with final pay. Check your Workday payslip for pay stub details.
- Insurance coverage generally ends at the end of the month in which you resign. COBRA information will be mailed to you.
- Return all District property, keys, access cards, ID badges, laptops, Ipads, Chrome Books, etc.
- For benefit and payroll questions, visit the District website.
- For PERA related questions, visit www.copera.org

Name: _____	Employee ID: _____
Position 1: _____	Position 2: _____
Resignation date: _____	Personal Email: _____
Forwarding address: _____	
Employee Signature: _____	Date: _____

Provide your reason for resignation (check one):

<p><input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Continuing Education</p> <p><input type="checkbox"/> Moving Outside of Douglas County</p> <p><input type="checkbox"/> Unable to meet work schedule</p> <p><input type="checkbox"/> Career Advancement Opportunity</p> <p><input type="checkbox"/> Career Change Opportunity</p> <p><input type="checkbox"/> Conflict with Supervisor</p> <p><input type="checkbox"/> Conflict with District</p> <p><input type="checkbox"/> Work Does not Match Skill Set</p> <p><input type="checkbox"/> Not Sufficient Training</p> <p><input type="checkbox"/> Better Pay</p> <p><input type="checkbox"/> Better Benefits</p> <p><input type="checkbox"/> Family Reasons</p> <p><input type="checkbox"/> Personal Reasons</p>
