



Solano County Office of Education
Human Resources
Certificated Resignation Form

1.

Form fields for Last name, First name, Month, Day, Year, and Date of Birth.

Form fields for Current Position and Location Name.

2. Resignation other than for retirement (Complete only if you are resigning, but not immediately retiring).

Your resignation date will be the last day of paid service or leave of absence.

Form fields for My resignation date is to be effective at the close of the day on Month, Day, Year.

Reason for separation:

3. Resignation to Retire (Complete if you are resigning and immediately retiring).

Your resignation date will be the date immediately preceding your retirement date.

Form fields for My resignation date is Month / Day / Year.

Your retirement date will be the first date your retirement benefits begin with CalSTRS.

Form fields for My retirement date* is Month / Day / Year (may be a Saturday or Sunday).

*Annualized employees, who resign/retire prior to the completion of their contract service year, may be in an overpaid status.

4. I am resigning because my CalSTRS Disability Leave has expired: [] No [] Yes

5. I am currently on a leave of absence:

[] No [] Yes

Form fields for Type of Leave and Expiration Date.

6. I hereby resign effective on the date noted above from all positions held by me as an employee of the Solano County Office of Education.

Form fields for Signature of Employee, Date, and Preferred Contact Number.

Form fields for Address After Resignation, City, State, Zip, and Preferred Email Address.

Instructions:
1. Complete, fax and mail the Certificated Resignation/Retirement Form within 48 hours to the appropriate Human Resources (HR) Department:
• E-mail: HumanResources@solanocoe.net
• Fax: (707) 863-4171
2. Complete the Confidential Separation Questionnaire online at: