



Cañada College • College of San Mateo • Skyline College

Office of Human Resources
3401 CSM Drive, San Mateo, CA, 94402
Automated Service Line: (650)574-6555
Fax: (650) 574-6574

EMPLOYEE STATEMENT OF RESIGNATION / RETIREMENT
FROM DISTRICT EMPLOYMENT

Employee Name: _____ G# _____

Job Title: _____ Div/Dept.: _____ Office Extension: _____

___ Skyline College ___ College of San Mateo ___ Cañada College ___ Chancellor's Office

Home Address: _____

City, State, Zip Code: _____

Home Telephone: _____ Home E-mail: _____

Immediate Supervisor: _____ Job Title: _____

Retirement/Resignation Date: _____ Last Work Date: _____

I am leaving District employment for the following reason:

___ Retirement ___ Resignation

If resigning, please check your reason(s) below:

___ New Job: (check all that apply) ___ Dissatisfaction with the District (check all that apply)

- ___ Higher Salary ___ Work hours
___ More convenient commute distance ___ Salary level
___ More advancement opportunities ___ Working conditions
___ More commensurable to my educational level ___ Supervisor/administrator
___ Other (specify): _____ ___ District policies
___ Performance evaluations

___ Relocating out of the area (due to cost of living? ___ Yes ___ No) ___ Other (specify): _____

___ Returning to school

Comments: (attach additional sheets if needed) _____

Employee Signature: _____ Date: _____