

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division
Certificated Assignments and Support Services

TEACHER ASSISTANT RESIGNATION FORM

Last Name First Middle Person ID/Employee No. Home Telephone

Home Address City & State Zip Code Alternate Telephone

Work Location

I hereby resign from all employment with the Los Angeles Unified School District effective: _____

Reason for Resigning: _____

I have no other LAUSD employment.

I plan to continue to work for LAUSD in the following assignment(s) (indicate job title and work location):

You may withdraw your resignation up to 48 hours after it is submitted.

Date

Employee Signature

COPIES TO:

Certificated Assignments and Support Services (Beaudry Building, 15th Floor)

Employee Benefits Administration (Beaudry Building, 28th Floor)

