



SAN FRANCISCO COMMUNITY COLLEGE DISTRICT
Department of Human Resources
33 Gough Street, San Francisco, CA 94103, 415-487-2448

Intent to Resign & Retire
Academic Employees Form E30

Board Resolution: _____

To Associate Vice Chancellor, Human Resources:

Name _____		ID# _____		<input type="checkbox"/> AD	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Address _____			City, State Zip _____			
Department _____			Home Phone _____			

1. I am: **Resigning** from my position (date) _____

OR

Retiring from SFCCD (date) _____

2. I am: District Funded (Hourly) Categorical/Grant Funded Tenured

3. Retirement system: CalSTRS SFERS PERS CalSTRS Disability Retirement

4. I am on the CalSTRS Pre-Retirement Program (Willie Brown): No Yes

_____ *Employee's Signature* _____ *Date*

Your resignation/retirement was received and accepted

Chancellor's Signature

Date