CITY COLLEGE OF SAN FRANCISCO (CCSF)
Department of Human Resources
50 Frida Kahlo Way, Conlan Hall, E107
San Francisco, CA 94112
415-452-7660

Intent to Resign & Retire
Academic Employees Form E30

Board Resolution:_____

To: CCSF Human Resources:

☐AD ☐FT ☐PT

Name _____ ID# _____

Address _____ City, State Zip _____

Department _____ Home Phone _____

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

OR

☐ **Retiring from CCSF** (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***

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Your resignation/retirement was received and accepted

_____

Chancellor's Signature Date