



CITY COLLEGE OF SAN FRANCISCO (CCSF)
 Department of Human Resources
 50 Frida Kahlo Way, Bungalow 702
 San Francisco, CA 94112
 415-452-7660

Intent to Resign & Retire
Academic Employees Form E30

Board Resolution: _____

To: CCSF Human Resources:

_____		<input type="checkbox"/> AD <input type="checkbox"/> FT <input type="checkbox"/> 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*

 Your resignation/retirement was received and accepted

_____ *Chancellor's Signature* _____ *Date*