



**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	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

I voluntarily resign or retire from City College of San Francisco (CCSF) from the date shown above. I acknowledge and understand, after I submit the Intent to Resign Form to CCSF, I cannot rescind my resignation or retirement date with City College of San Francisco.

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

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Your resignation/retirement was received and accepted

\_\_\_\_\_  
AVC Human Resource's Signature

\_\_\_\_\_  
Date