



HUMAN RESOURCE SERVICES
 1515 Hughes Way, Long Beach, CA 90810 • (562) 997-8204

NOTE: It is the responsibility of the employee returning to work after a resignation or as a retired substitute to correct all payroll information. (Example: W-4, additional withholding, TSA deductions, direct deposit, etc.) If no changes are made, payroll information will remain the same as at the time of separation.

RESIGNATION OR RETIREMENT NOTICE

(Please complete all sections and submit to your supervisor or manager)

CLASSIFIED

- Permanent Exempt
 Probationary

CERTIFICATED

- Regular Contract Permanent Temporary/Provisional Contract
 Regular Contract Probationary Special Contract

Last Name, First MI	Social Security Number	Job Title
Street Address	City, State ZIP	(Area Code) Phone Number
Assignment Location	Subject/Grade Level	Track

Please check one only.

RETIREMENT, effective close of work (give exact date):

/ /

Month Day Year

Note: It is the responsibility of the employee to contact STRS or PERS regarding benefits.

Please circle.

- | | | |
|--|-----|----|
| I would like my name, years of service, and school/office included in the School Bulletin. | YES | NO |
| I have completed ten years or more of service in LBUSD. | YES | NO |
| If yes, do you wish to attend the Board of Education meeting when they accept your retirement? | YES | NO |

RESIGNATION, effective close of work (give exact date):

/ /

Month Day Year

Please check one only.

- | | |
|---|--|
| <input type="checkbox"/> Changing Profession (105) | <input type="checkbox"/> Moving from Area (135) |
| <input type="checkbox"/> Disability (165) | _____ City _____ State |
| <input type="checkbox"/> Employment, Other District (110) | <input type="checkbox"/> Personal (160) |
| _____ Name of District | <input type="checkbox"/> Returning to School (185) |
| <input type="checkbox"/> Family Responsibility (170) | <input type="checkbox"/> Teaching in Foreign Country (190) |
| | <input type="checkbox"/> Other: Please Specify (199) |
| | _____ |

Employee Signature	Date	Principal/Manager Signature	Date	Assistant/Deputy Supt. Signature	Date
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FOR HRS USE ONLY

- Resolution: _____
 Letter: _____
 On-Line: _____
 LOA History: _____
 Card: _____
 B/A Date: _____
 Retire with Benefits
 Retire without Benefits
 # of Service Years : _____
 Y ____ N ____ S ____

HRS MANAGER SIGNATURE	DATE
HRS ASSISTANT SUPERINTENDENT SIGNATURE	DATE