



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.

RETIREMENT OR RESIGNATION NOTICE

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

CLASSIFIED

- Permanent Exempt
 Probationary

CERTIFICATED

- Regular Contract Permanent Special Contract
 Regular Contract Probationary Substitute Teacher

_____ Last Name, First MI _____ Employee Number _____ Job Title

_____ Street Address/Apt # (**PLEASE CHECK IF NEW ADDRESS**) _____ City, State ZIP _____ (Area Code) Phone Number

_____ Assignment Location _____ Subject/Grade Level _____ Personal Email Address

RETIREMENT

Effective close of work (give exact date):

____ / ____ / ____
Month Day Year

Note: It is the responsibility of the employee to contact Personnel Commission (Classified) or HRS (Certificated) to confirm years of creditable service for health benefits. For benefits related to compensation, employees should contact STRS or PERS.

- Please check.
- 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
- I would like my name, years of service, and school/office included in the School Bulletin. YES NO
- I would like to be considered for substitute service. YES NO

STRS/PERS will not accept retirement dates that equal your District retirement date. Your retirement effective date with the District should be a date prior to your retirement date with STRS/PERS. Please contact STRS/PERS for more information.

RESIGNATION

Effective close of work (give exact date):

____ / ____ / ____
Month Day Year

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

_____ Name of District _____ City _____ State

***Please complete Change of Address Form if necessary.**

Upon approval, I would like to be considered for substitute service. YES NO

Employee Signature Date Principal/Manager Signature Date Assistant/Deputy Supt. Signature Date

- Letter: _____
 On-Line: _____
 B/A Date: _____
 BU or Non-BU _____
 Retire with Benefits – 65 or 67 _____
 Retire without Benefits _____
of Service Years : _____
 Y _____ N _____ S _____

FOR HRS USE ONLY

HRS MANAGER SIGNATURE _____ DATE

HRS ASSISTANT SUPERINTENDENT SIGNATURE _____ DATE