



**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 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
- 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

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

### FOR HRS USE ONLY

- 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 \_\_\_\_\_

\_\_\_\_\_ HRS MANAGER SIGNATURE      \_\_\_\_\_ DATE

\_\_\_\_\_ HRS DEPUTY SUPERINTENDENT SIGNATURE      \_\_\_\_\_ DATE