



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

<input type="checkbox"/> Resolution: _____	_____ HRS MANAGER SIGNATURE	_____ DATE
<input type="checkbox"/> Letter: _____		
<input type="checkbox"/> On-Line: _____		
<input type="checkbox"/> LOA History: _____		
<input type="checkbox"/> Card: _____		
<input type="checkbox"/> B/A Date: _____		
<input type="checkbox"/> Retire with Benefits		
<input type="checkbox"/> Retire without Benefits		
# of Service Years : _____	_____ HRS ASSISTANT SUPERINTENDENT SIGNATURE	_____ DATE
<input type="checkbox"/> Y _____ <input type="checkbox"/> N _____ <input type="checkbox"/> S _____		