



Lakeside Union School District RETIREMENT OR RESIGNATION NOTICE

Instructions: Complete one copy and forward to Immediate Supervisor.

Employee Name (Last, First, Middle)	Employee ID Number
School Site/Department	Position Title

Hourly Certificated Classified Administrative/Mgmt
(check all that apply)

For Human Resources Use Only: Position Number _____

I hereby request the Board to accept the following:

Retirement

Last day in paid status: _____

Payroll Use Only:

First day of retirement: _____ STRS _____ PERS
(Retirement date into STRS or PERS must be after the last day in paid status)

Resignation, effective end of the day: _____

Resignation Reason: _____

Note if any approved paid vacation is included in the date shown, please specify:

For Human Resources Use
____ Payroll _____
____ HR _____
____ Benefits _____
____ Finance _____

Employee Signature **Date**

Superintendent or designee **Date**