RETIREMENT REQUEST FORM

1. Certified, Classified and PNT employees **MUST** use this form for all retirement requests.
2. Please give **COMPLETE** information (incomplete form will be returned).
3. Send to the Human Resources Department by February 15

Employee Information Date of Request _____

☐ Administrator ☐ Certified ☐ Professional Non-Teaching (PNT) ☐ Classified

Please Print

Employee Name _____ Emp#_____

Home Phone_____ Cell Phone_____ Work Ext _____

Mail Address _____

Number and Street (PO Box) City, State Zip

Personal Email Address _____

_____ _____

Position Title School/Department

Retirement Information

Termination Date (last day worked at SUSD) _____

Retirement Date (1st day of retirement) _____

☐ **Request to participate in the Basic Early Retirement Program (BERP) if eligible.**

Certified: Must have been hired prior to June 30, 1987

Classified: Must have been hired prior to June 30, 2016

At least age 50 and completed 15 years of total service to the District -OR-

At least age 55 and have completed 10 years of total service to the District.

☐ **Request to participate in the Educational Services Inc.(ESI) program (if eligible). ****

☐ **Request Regular Retirement**

_____ _____

Employee Signature Date

FOR BOARD MEETING ON _____ (Approve for Board approval only)

Principal/Administrator

□ Approved □Not Approved

_____ _____

Signature Date

Human Resources Director

□Approval □Not Approval

_____ _____

Signature Date

Superintendent (ESI only)** ☐ Approved ☐Not Approved

_____ _____

Superintendent Signature Date

Board Action: Date of Board Meeting _____

□Approved Granted □Approval Denied

(Copy will be sent to the Payroll Dept, Benefits, Administrator and the Employee after the request has been to the Governing Board)

Human Resources Use Only

Employee effective Hire date: _____ **Total years employed with District: _____**

Employee effective End date: _____

Rev: 10/09/2019