

Signature

NOTICE OF **RESIGNATION**OR **RETIREMENT**

DATE					
ТО			AMPUS OR EPARTMENT		
FROM			POSITION		
RE	Resignation or Retirement notice effective end of day:				
This letter shall serve as official notice that I am requesting that the Board of Trustees of the Cleveland Independent School District approve my resignation or retirement. Exempt Employees: this resignation or retirement notice must be submitted and filed no later than the 45th day before the first day of instruction for the following school year, and must be effective after the last day of the current school year and prior to the 45th day before the first day of instruction for the following school year, otherwise a Request to be Released from Contract form must be submitted. Non-Exempt Employees may submit a resignation or retirement notice at any time.					
REASON FOR RESIGNATION OR RETIREMENT					
	Other Employment	Remain a	t Home	С	hange of Career
	Relocation from Area (specify below)	Another D	District (specify bel	ow) O	ther
	Retirement: TRS Effective Date:				
OPTIONAL Use the optional space below to provide additional details.					
Employe of the me	FEAR RESIGNATIONS / RETIREMENTS es resigning at the end of their con onth in which they are resign/retire, Once selected, the employee ma	or they may e	lect to extend		· · · · · · · · · · · · · · · · · · ·
	Please terminate my benefits on last day of the month in which m resignation or retirement is effect	У	of Augu associat	erminate my be st. I understand red with these b ed from my chec	enefits will be
I understan continue n continue e	re below indicates that I understand that my ad that all my benefits will terminate on the large benefits until the end of August (summe wither directly with the vendor or through Conformation of release.	ast day of the morer resignation / ret	nth in which I resign irement). It is my	n or Retire from CI responsibility to c	eveland ISD, or I can elect to onvert any benefits I wish to

Date

Cleveland ISD ID#