



Notification of Resignation or Retirement

To: **Human Resource Services**

Employee Name: _____
(Please Print)

Position(s): _____ Work Location(s): _____

This is my official notification to the Lake Stevens School District that I will be resigning my employment or retiring. Please complete the following section:

IMPORTANT NOTES:

- 1) SEBB benefits will end on the last day of the month of resignation/retirement. This may or may not be the same date as your last workday.
- 2) If you are resigning due to accepting employment with another WA School District, please provide that information on the appropriate line below. This affects the continuation and transfer of SEBB Healthcare benefits.

Resignation
 Retirement
(Drawing my pension)
 Retirement Separation from Service
(Defer drawing my pension)

My official last day of work is: _____

My official resignation/retirement date is: _____
(Benefits will run through the end of this month)

I have accepted employment with another School District in WA State: Yes No
This information is necessary for transfer and continuation of SEBB benefits.

* * * * *

My mailing address and phone number for all future correspondence is:

Address: _____ Phone: _____

_____ Personal email

Other Comments:

Signature: _____ Date: _____

- I **would** like to be included in the District Retirement Celebration
- I **would not** like to be included in the District Retirement Celebration