



**Retirement
Notification**

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

This form is for ESBOCES purposes only. You will also be required to file the appropriate paperwork with your respective retirement system. See Employee Handbook for further guidance.

FROM: _____ Employee ID Number _____

TO: DEPARTMENT OF HUMAN RESOURCES

I am currently employed as a(n) _____

My work telephone number is (____) _____ - _____

If you are a 10-month employee in the NYS Teachers' Retirement System and your contract ends June 30, your date of retirement should be July 1.

- This is the first time I am submitting a request for retirement and am requesting my **first date of retirement** to be ____/____/20. **This is the date I will report to the retirement system as my retirement date.**
- I have previously requested a retirement date of ____/____/20 and am requesting to change that date to ____/____/20.
- I have previously requested a retirement date of ____/____/20 and wish to rescind that request (without requesting a new date).

Please choose your respective unit below and refer to your bargaining unit agreement for details and eligibility on the options listed.

- Admin/Sup – **NOTICE MUST BE SUBMITTED BY DECEMBER 1 OF SCHOOL YEAR PRECEDING RETIREMENT.**
- BEES – **NOTICE MUST BE SUBMITTED BY DECEMBER 1 OF SCHOOL YEAR PRECEDING RETIREMENT.**
- Paras – **NOTICE MUST BE SUBMITTED BY DECEMBER 1 OF SCHOOL YEAR PRECEDING RETIREMENT.**
- Adult Nursing – CSEA
- CSEA 8768-01
- DPMM – **NOTICE MUST BE SUBMITTED BY NOVEMBER 15 OF SCHOOL YEAR PRECEDING RETIREMENT.**
- Staff Developers
- UPSEU
- NON-REPRESENTED – **NOTICE MUST BE SUBMITTED BY DECEMBER 1 OF SCHOOL YEAR PRECEDING RETIREMENT.**

PERSONAL STATEMENT (Optional)

Signature of Employee

____/____/20
Date

Employee: Please retain a copy of this form for your records and forward the original to the Department of Human Resources.