



## RETIREMENT/RESIGNATION NOTICE

FROM: *(employee)* \_\_\_\_\_

POSITION: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

This is an official notification to Lynden School District that I will be *(select one)*:

**RESIGNING** Last Work Day: \_\_\_\_\_ Eff. Date of Resignation\*: \_\_\_\_\_

If you are resigning, and age 55 or older, check this box to discuss the possibility of sick leave cash out

\*Note: employee insurance coverage through SEBB will end on the last day of the month, of the effective date of resignation.

**RETIRING** *I am retiring from public school employment* Last Work Day: \_\_\_\_\_

By retiring, this automatically initiates the discussion of possible sick leave cash out

My mailing address and telephone number for any future correspondence is as follows.

**Note: If this is a new address, please provide the effective date of this address.**

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ *Effective Date:* \_\_\_\_\_

Upon separation, if you wish to access Skyward Employee Access to access your pay stubs or your W2, please provide a personal email address below:

Email: \_\_\_\_\_

Check one:

**I do** or **I do not** want to be on the substitute list. If you choose no, please contact the district office if your interest to be on the sub list changes.

**I do** or **I do not** give permission for my name and address to be supplied to the Washington State School Retirees' Association (WSSRA). If I grant permission, I understand that my name will be given to a local WSSRA member who will contact me and invite me to become a member of WSSRA.

Name: *(please print)* \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date