

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 (April 1 for Basic Early Retirement)

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

Human Resources Director

Approval Not Approval

Signature Date 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: _____