

**LYNDEN SCHOOL DISTRICT
HUMAN RESOURCES
RETIREMENT/RESIGNATION NOTICE**

TO: Human Resources

FROM: *(employee)* _____

POSITION: _____

WORK LOCATION: _____

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

RESIGNING Last Work Day: _____ Effective Date of Resignation: _____

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

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: _____

Check one:

I do or I do not want to be on the substitute list at this time. If you choose not to, 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