

**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: _____

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

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:* _____

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