



Employee Resignation/Retirement Request Form

We appreciate your cooperation in completing this form and forwarding it to Human Resource at least two weeks prior to your resignation/retirement date. **This form is required**, but an optional letter may be attached.

Name (printed): _____

FTE or Hours/day: _____ Position: _____ Location: _____

Mailing Address: _____

City and State: _____ Zip Code: _____

Home phone number: _____ Cell phone number: _____

Date Admin or Supervisor was notified: _____

Please check ONE box below and complete the fields within that section only:

Reduction in FTE or hours (partial resignation)

Partial Resignation – I hereby resign _____ FTE/hours of my _____ total FTE/hours position.
Effective date: _____ (the first working day of your reduced FTE/hours)

Resignation

Benefits will terminate at the end of the month in which your resignation from the district is effective
Questions – Please contact Tahlia Gage, Jenilee Springer, or Tracy Tesarik

Last work day: _____ Effective Resignation date: _____

*Will you be working at another school district in Washington State? Yes No

*If yes, anticipated start date: _____

Retirement

Benefits will terminate at the end of the month in which your resignation from the district is effective
Questions – Please contact Tahlia Gage, Jenilee Springer, or Tracy Tesarik

Last work day: _____ Effective Resignation date: _____

*Contact DRS at 1-800-547-6657 or visit <https://www.drs.wa.gov/> to confirm retirement eligibility and your retirement date.

HR/PAYROLL TO COMPLETE

Employee signature: _____ Date: _____

Date Received: _____

Retirement plan enrolled in: _____ Eligible for VEBA sick leave cash out upon retirement? _____