LUCIA MAR UNIFIED SCHOOL DISTRICT

RESIGNATION OR RETIREMENT NOTICE

(Please complete all sections and submit to your Principal or Supervisor)

| Employee Name: Last Name, First Name, MI | | Social Security Number | |
|--|---|--|---------------------|
| Ado | Street Address City | State | Zip |
| Pho | ne Number: | | · |
| | Job Title | Assignment Location | Subject/Grade Level |
| Plea | ase check one only: | | |
| | RETIREMENT In order to actually receive retirement benefits from the State Teachers Retirement System ("STRS"), it is my responsibility to submit a written application for retirement on a properly executed form provided by STRS. (Education Code sections 22319 and 24201) | Effective close of work (give exact date): | Month/Day/Year |
| | STRS (03) | ☐ PERS (01) | |
| | RESIGNATION I understand in submitting this resignation that it is final and irrevocable at such time as it is received and accepted by the Superintendent or designee (Board Policy 4117.2). | Effective close of work (give exact date): | Month/Day/Year |
| | Other Job (11) | Moving from Area (09) | |
| | Staying at Home | Returning to School (10) | |
| | Disability (02, 04) | Other | Please Specify |
| | | | |
| | oyee Signature Date | Principal/Supervisor Signat | ure Date |