



# Resignation / Retirement Notice

4901 E. Carson St.  
Long Beach, CA 90808  
(562) 938-4372

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Probationary       Permanent       Academic       Classified

Exit Checklist Completed:       Yes       No

**I Hereby request the Board of Trustees to accept my:**

Resignation      As of close of work on \_\_\_\_\_  
(Last paid working day)

Reason: \_\_\_\_\_

Retirement      As of close of work on \_\_\_\_\_  
(Last paid working day)

Reason: \_\_\_\_\_

Please indicate if any paid vacation time is to be included in the date show: (Not applicable to Faculty)

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Permanent or Forwarding Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_