

LONG BEACH COMMUNITY COLLEGE DISTRICT
LONG BEACH CITY COLLEGE

Print Form

RESIGNATION/RETIREMENT NOTICE

Employee Name		Employee ID #	
Position	Department	Location	
Years of Service (LBCCD/LBUSD)	<input type="checkbox"/> Probationary	<input type="checkbox"/> Academic	
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Classified	

I HEREBY REQUEST THE BOARD OF TRUSTEES TO ACCEPT MY:

RESIGNATION _____ Close of Work _____ (Last Paid Working Day) Reason:

RETIREMENT _____ Close of Work _____ (Last Paid Working Day) Comments:

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

Permanent or Forwarding Address:	Telephone:
----------------------------------	------------

Employee Signature		Date	Supervisor		Date
Dean/Director	Date	Vice President	Date	Human Resources	Date