

1900 W. Olive Avenue, Burbank, CA 91506
Phone (818) 729-4400 Fax (818)729-4554

SEPARATION FORM

Must be Submitted to Human Resources Services (Please Print)

NAME _____ SOCIAL SECURITY # _____

CURRENT ADDRESS _____ CITY _____ ZIP _____

FORWARDING ADDRESS _____ PHONE _____

PERSONAL EMAIL ADDRESS _____

JOB(S) YOU ARE RETIRING or RESIGNING FROM:

SITE LOCATION (#1) _____ JOB TITLE (#1) _____

SITE LOCATION (#2) _____ JOB TITLE (#2) _____

TYPE OF SEPARATION:

RESIGNATION:

- | | |
|--|---|
| <input type="checkbox"/> Resigned: Health | <input type="checkbox"/> Resigned: Transportation |
| <input type="checkbox"/> Resigned: Personal | <input type="checkbox"/> Resigned: Job Offer Other District |
| <input type="checkbox"/> Resigned: Financial | <input type="checkbox"/> Resigned: Education |
| <input type="checkbox"/> Resigned: Moving | <input type="checkbox"/> Resigned: Other Reason |

RETIREMENT:

Retirement

Retirement: Medical Disability

**COMMENTS (Please note if interested in continuing as a substitute for the District):

ACCEPT MY SEPARATION at the end of the work day EFFECTIVE THIS DATE: _____

MY RETIREMENT DATE IS _____ (Must be at least 1 (one) day after last day worked).

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Employee s Signature

Date of