## LOS ANGELES UNIFIED SCHOOL DISTRICT PERSONNEL COMMISSION

## **CLASSIFIED STAFF RESIGNATION FORM**

I hereby resign day /	from employment with / .	the Los Angeles	Unified So	chool D	istrict, effective at the	he end of the work	
Nama					Employee No.		
Name: Last	First		MI		Employee No.:		
Social		D	,	,			
Security No.:		_ Date of Birth:	/	/	Home Telephone	( ) -	
Home Address:							
_	No. & Street	Ci	ty		State	Zip Code	
Job Title			Name of Work Lo				
Reason for resigni	ng:						
	am retiring, effective If you plan to continue working	/ / as a retired substitute	-			STRS etion Services Branch.)	
•	ing, the effective date of resignation within 48 ho			the day	<u>before</u> your retiren	nent date. You may	
I	☐ I have no other LAUSD employment						
	I am resigning to accept a certificated assignment with LAUSD (Employees have only 60 days from date of hire to make a retirement system election. Please complete PC Form 100.)						
N	Name of new work location	n:					
I understand th re-employment	at if I am resigning duri	ng a disciplinary	investigatio	on or pro	ocess, I will <u>not</u> be el	igible for	
Employee Signature:					Date:/	/	
If you are a mem If you are a mem	eive accrued vacation bene ber of the Public Employee ber of the State Teacher's l ber of the Public Agency R	s' Retirement Syst Retirement System	em (PERS), (STRS), ple	please se ase conta	e the attached for add act STRS directly at (8	itional information. 00) 228-5453.	
ADMINISTRATI	VE ACKNOWLEDGEMEN	T:					
Site Administrator	's Signature						
Title:					Date:/	/	
DISTRIBUTION:	Employee is to keep a co P.O. Box 513307, Los A Services Branch, Beaudi	ingeles, CA 90051-	1307 or via s				

## INFORMATION FOR CLASSIFIED STAFF PLANNING TO RETIRE

Employees who have at least five years of service credit under California Public Employees' Retirement System (CalPERS) and who are 50 years of age or older are eligible to receive CalPERS retirement benefits. Employees who have at least five years of service credit under CalPERS and who terminate because of illness or disability may be eligible to receive a disability retirement allowance from CalPERS.

In order to retire, employees must complete this resignation form <u>and</u> a **CalPERS** application for retirement. Employees planning to retire are advised to call **CalPERS** at (800) 352-2238 approximately three months before the date of anticipated retirement to request a complete retirement packet. If you are interested in an estimate of your monthly retirement allowance, **CalPERS** can provide you with a request form. Once you have submitted the form to **CalPERS**, you should receive an estimate in six to eight weeks.

Your resignation date should be your last day of <u>paid</u> service. The effective date of your retirement should be the day <u>following</u> your resignation.

For information on medical insurance benefits after retirement, please contact the Los Angeles Unified School District Employee Benefits Administration at (213) 241-4262. If you receive a monthly retirement allowance, you may be eligible to have your hospital-medical, dental and vision care insurance paid by the Los Angeles Unified School District after retirement. You may be able to convert your District-paid life insurance to another program by contacting the ReliaStar Life Insurance Company at 1-800-955-7736.

If you would like information regarding Social Security benefits, please contact the Social Security Administration at 1-800-772-1213.

## **GENERAL INFORMATION**

A <u>permanent</u> employee who resigns in good standing may request to be reinstated up to 39 months after the last day of paid service. Please remember that reinstatement is a privilege and is not guaranteed. (Personnel Commission Rule 771).

If you are currently on a promotional eligibility list and wish to determine whether it is possible to have your name transferred to an open list (a list including District as well as non-District candidates), please contact the Classified Employment Transaction Services Branch at (213) 241-3900.

You may be eligible to continue your health insurance benefits at your own expense under a federal continuance program known as **COBRA**. Please contact the Employee Benefits Administration at (213) 241-4262 for information.