

SANTA MONICA COMMUNITY COLLEGE DISTRICT
OFFICE OF ACADEMIC HUMAN RESOURCES

NOTIFICATION OF RESIGNATION/RETIREMENT

Please accept my resignation.

Please accept my retirement.

My last day of paid services will be _____

Employee Signature

Date

Print Name

Department

FORWARDING ADDRESS: May we have your forwarding address for future correspondence?

Mailing Address

City/State/Zip Code

FOR YOUR INFORMATION:

To obtain an application for Service Retirement, please contact either of the following agencies:

State Teacher's Retirement System
P.O. Box 15275-C
Sacramento, CA 95851
800-228-5453

Los Angeles County Superintendent of Schools Retirement Section
Counseling: 562-922-6414 or 562-922-6838
General Information: 562-922-6428

For Academic Human Resources Use Only:

Employee's last date of paid service: _____