



**SANTA MONICA COMMUNITY COLLEGE DISTRICT
OFFICE OF HUMAN RESOURCES**

NOTIFICATION OF RESIGNATION/RETIREMENT

PLEASE ACCEPT MY RESIGNATION RETIREMENT:

EFFECTIVE DATE: (DAY FOLLOWING LAST PAYDAY)	CURRENT POSITION/CLASSIFICATION:	DEPARTMENT:
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MY LAST DAY AT WORK WILL BE:	MY LAST PAID DAY WILL BE:
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I WILL BE USING VACATION TIME:

FROM:	TO:
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All vacation should be used prior to resignation/retirement. Any unused vacation will be paid to you as part of your last check.

REASON FOR RESIGNATION:

MY SUPERVISOR HAS BEEN ADVISED OF MY RESIGNATION/RETIREMENT.

NAME OF SUPERVISOR:	DEPARTMENT:	DATE SUPERVISOR WAS NOTIFIED:
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KEYS RETURNED IDENTIFICATION RETURNED DISTRICT PROPERTY RETURNED

EMPLOYEE NAME: (Please Print)	TELEPHONE NUMBER:	ALTERNATIVE TELEPHONE NUMBER:
CURRENT ADDRESS:	CITY:	ZIP CODE:
FORWARDING ADDRESS*:	CITY:	ZIP CODE:

**Forwarding address will be used in mailing your last paycheck and/or future correspondence.*

Retirees must submit "Application for Retirement" to the PERS Benefits Division in Sacramento or call (800) 352-2238.

EMPLOYEE SIGNATURE:	DATE:
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white-office of human resources

yellow-supervisor

pink-employee