Standard Retirement/Resignation Form

Please circle:	Retirement	Resignation
Please Print:		
Last Name:	Middle Initial:	First Name:
Street Address:		
City:	State:	Zip Code:
Date of Birth:	Social Security	Number:
Phone Number:	Please Circle:	Full-time Part-time Substitute
Job Title:	ele: Primary Location of Job:	
Please complete this section ONLY IF you intend to RETIRE:		
Initial		
I hereby request	the BWSD Board of Dir (MM/DD/YYYY)	ectors accept my RETIREMENT effective
Employee Signature:		Today's Date:
Please complete this section ONLY IF you intend to RESIGN :		
Initial	(I D)A(OD D I (D)	DECIONATION (C. C.
I hereby request the BWSD Board of Directors accept my RESIGNATION effective(MM/DD/YYYY)		
Reason:		
Reason.		
Employee Signature:		
Employee dignature:		Today's Date:

All Employees: Return this form to Human Resources, along with a letter addressed to the Superintendent of Schools with your intentions - 4900 Curry Road, Pittsburgh, PA 15236

Original – Human Resources Copy – Employee