



This form is to be filled out by permanent Academic and Classified employees and retiring Adjunct Faculty resigning from the Los Angeles Community College District. Employees resigning because of retirement must also follow the procedures listed in Item 2C below.

Please print or type and ensure all information is provided as omissions can delay processing.

1. PERSONAL INFORMATION

 Last Name First Name Middle Name Employee Number

 Street Address (Use home address, not a District location or PO Box.) _____

 City State Zip Code College / DO

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 Daytime Phone Ext. Evening Phone Cell Phone Email

2. RESIGNATION STATEMENT AND CERTIFICATION

A. I hereby resign from all positions or assignments held by me as an employee of the Los Angeles Community College District. I understand that reinstatement within 39 months is a privilege and not a right and that denial cannot be appealed.

B. This resignation is to be effective at the end of the day on:

 Date

C. Give **specific** reason for resignation: Retirement Other: (Identify): _____

- **Resignation due to retirement:** Your retirement date is the day after the resignation date. Completion of this form does not constitute an application for a retirement allowance. It is the employee's responsibility to obtain the necessary retirement application documents and to file them with the proper retirement system. For information contact:

Academic Employees
 Membership Services Division
 State Teachers Retirement System (STRS)
 Phone: (800) 228-5453 www.calstrs.com

Classified Employees
 Benefits Division
 Public Employees Retirement System (PERS)
 Phone: (888) 225-7377 www.calpers.ca.gov

D. Indicate which, if any, current temporary assignment(s) you wish to continue after retirement/resignation.
 None
 Academic Service: Adjunct position
 Unclassified Service: Identify position: _____

E. **Classified Service:** For information on temporary work and/or eligibility lists options that may be available, contact the Personnel Commission directly.

F. I certify (or declare) under penalty of perjury that the foregoing is true and correct.

 Employee Signature _____
 Date

 Department Head \ Supervisor _____
 Date

 President or Designee _____
 Date

 Human Resources Official, District Office _____
 Date

3. ACKNOWLEDGEMENT:

Received: _____
 Date

By: _____
 Signature

INSTRUCTIONS

- Make a copy of this form for your personal records.
- Give the original form to your supervisor. Each location's management *must* acknowledge each resignation and then forward the original form to your college / DO Personnel Office for processing.
- Notify Human Resources, District Office, of your intent: Fax a copy to: (213) 891-2411