

**LOS ANGELES UNIFIED SCHOOL DISTRICT
PERSONNEL COMMISSION**

CLASSIFIED RESIGNATION/RETIREMENT FORM

I hereby resign from employment with the Los Angeles Unified School District effective at the end of the work day // _____

Name: _____ Employee No.: _____
Last First MI

Social Security No.: - - _____ Date of Birth: // _____ Home Telephone _____

Home Address: _____
Code No. & Street City State Zip

Job Title: _____ Name of Work Location: _____

Reason for resigning: _____

* I am retiring, // From: * CalPERS * STRS effective
(If you plan to continue working as a retired substitute, please contact the Classified Employment Services.)

You may withdraw your resignation or retirement within 48 hours after it is submitted.

- * 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 Form ES 372.)

Name of new work location: _____

I understand that if I am resigning during a disciplinary investigation or process, I will not be eligible for re-employment with LAUSD.

Employee Signature: _____ Date: ____ / ____ / ____

If you are a member of the Public Employees' Retirement System (PERS), please see the attached for additional information.
If you are a member of the State Teacher's Retirement System (STRS), please contact STRS directly at (800) 228-5453.
If you are a member of the Public Agency Retirement System (PARS), please contact PARS directly at (800) 731-7884.

ADMINISTRATIVE ACKNOWLEDGEMENT:

Site Administrator's Signature _____

Title: _____ Date: ____ / ____ / ____

DISTRIBUTION: Employee is to keep a copy. Please send the original to the Classified Employment Services, P.O. Box 513307, Los Angeles, CA 90051-1307 or via school mail to the Classified Employment Services, Beaudry Building, 12th Floor.

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 and a **CalPERS** application for retirement. Employees planning to retire are advised to call **CalPERS** at (888) 225-7377 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 paid service.

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 MetLife Insurance Company at 1-866-492-6983.

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

GENERAL INFORMATION

A permanent 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 Services Branch at (213) 241-6300.

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.

