

Boise School District
Retirement/Resignation Form
 Certificated and Classified Staff



ALL employees please complete this section:				
Last Name	First Name		M.I.	Employee ID
Home Address	City	State	Zip Code	Cell or Home Phone
Job Title (Subject/Grade if applicable)	< ca Y School/Site Location		Email	

Last Workday:

My last day at work is: _____ (MM/DD/YYYY)

I will complete my entire scheduled work-year: Yes No

Please complete this section ONLY IF you intend to RETIRE:

Please select your retirement plan (check only one):

PERSI Retirement
 PERSI Disability Retirement
 Other Retirement-Not PERSI Eligible

Please complete this section ONLY IF you intend to RESIGN:

Please indicate your primary reason for resigning (check only one):

<input type="checkbox"/> Work for another School in Idaho	<input type="checkbox"/> Death
<input type="checkbox"/> Work for another School not in Idaho	<input type="checkbox"/> Reduction of Force (RIF)
<input type="checkbox"/> Leaving Profession	<input type="checkbox"/> Personal Reasons
<input type="checkbox"/> Return to School	<input type="checkbox"/> Involuntary Termination
<input type="checkbox"/> Spouse Transferred	<input type="checkbox"/> Leave Other (please specify): _____

Employee Signature: _____ Today's Date: _____

Routing:

Submit completed form to your Building Administrator/Supervisor. Return keys, ID cards, and/or other District property on or before your last day of work. Site Administrator will fax form to Employment & Benefits Department (208-854-4010). Employment & Benefits will forward a copy to the Area Director.

Administrative Use Only

Verbal Resignation: Date Administrator/Supervisor Notified: _____

Administrator / Supervisor Signature: _____

Details: