

## **Classified Resignation / Retirement Form**

I hereby resign from employment with the Solano County Office of Education effective at the end of the work day \_\_\_\_\_ / \_\_\_/

## **Employee Information:**

Name:				
	Last	First	Mi	
Home /	Address:			
	No. & Street	City	State	Zip Code
Home Telephone:		Cell Phone:		
Job Title: Work Site:				
Reasor	n for Resigning:			
	I am retiring, effective	From:	CalPERS	CALSTRS
(If you plan to continue working as a retired substitute, please contact Human Resources)				
I am resigning my position and will no longer be an active employee with SCOE				
	I am resigning to accept a certificated assignment with SCOE (Employees have only 60 days from date of hire to make a retirement system election. Please complete form ES 0372)			

I understand that if I am resigning during a disciplinary investigation or process, I will <u>not</u> be eligible for re-employment with SCOE

Signatures:

Employee Signature:\_\_\_\_\_

Date:

If you are a member of the Public Employees' Retirement System (PERS) please contact PERS directly at 888-225-7377. If you are a member of the State Teacher's Retirement System (STRS) please contact STRS directly at 800-228-5453.