HUMAN RESOURCES

` ,		OYEE Banner ID:	HIRE DATE:	HIRE DATE: MANAGER/SUPERVISOR NAME	
		RTMENT:	MANAGER/SU		
STRUCTIONS (Please rea	d before completing the fo	orm):	<u>'</u>		
Employee shall notify Human Resources.	their supervisor of their resig	nation or retirement pri	or to or concurrent with	notification to	
	ete this form and route it to incessing, a District Property Set).				
3. Contact Benefits at (9	09) 274-4225 to schedule a	meeting to review your	health & welfare benefit	ts (if applicable).	
4. To obtain detailed info	ormation regarding your retire	ement, contact the appr	opriate agency listed be	elow:	
a. CalPERS: http:/	/www.calpers.ca.gov/ or call	888-225-7377			
b. CalSTRS: http://	/www.calstrs.com/ or call 800)-228-5453			
	S Services (NBS) (FICA Alter): <u>www.nbsbenefits.com</u>	<u>1/403b</u> or	
5. Complete the following	g applicable section.				
RESIGNATION		RETIREMENT			
Date of Resignation:		Date of Retirement from CalSTRS/CalPERS*:			
Reason for Resignation		Date of Resignation from District:			
		*Use date as specified by your retirement system. Retirement date must be at least one day after date of resignation.			
6. Do you intend to contin	nue to work for the District in				
•	Position:			,,.	
_ _				-4:	
	information necessary for ma	alling vv-2 tax form and	otner important informa	ation:	
Address:Stre	et	City	State	Zip	
Suc		·	Otato	•	
Contact Number:					

Antonio Community College District employee. I understand that in accordance with AP 7350, resignations accepted by the College President/CEO are final and may not be rescinded.

Date:

 Required Acceptance/Approval Signatures:

 Supervisor:
 Date:

 Area Vice President:
 Date:

 President/CEO or Designee:
 Date:

For Human Resources Use Only						
Entitled to: Lifetime Medical Benefits? ☐ \	Yes □ No Dependent Lifetime	Medical Benefits? □	Yes □ No			
Board Approved:	Copy to: HR Benefits	Payroll	Fiscal			

Employee's signature: