

Retirement / Resignation / Separation Notice

Section 1: Complete the form and submit to your supervisor for furth	ner processing.			
Select One: ☐ Adjunct (Hourly Academic) ☐ NANCE ☐ Cont	ract Classified	☐ Contract Academic	☐ Pro Rata	□All Positions ¹
Retirement System: □401A/FICA Alternative	□PERS	□ STRS		
Employee Name		Employee ID		
Position Title		College / Location		All Positions
Section 2: Select the appropriate separation action items below.				
I hereby request the Board of Trustees to accept the following:				
Retirement from SDCCD. Intend to work as pro rata faculty in the future ² . Last day in paid status:				
Resignation from SDCCD. Intend to continue to work as adjunct faculty. Last day in paid status:				
Retirement from STRS ONLY ³ . Option available to <u>adjunct faculty only</u> . Plan to continue working for the District as a working retiree ⁴ . First day of retirement:				
Retirement Notice Incentive: 3 months additional cash payment. * Does not apply to POA or Faculty. The incentive is granted to members of certain employee groups for providing at least a 90-day advance written notice of their retirement date to their supervisor and meeting the eligibility requirements found in the applicable handbook. District network login and email will be disabled the day after your last day in paid status, unless there is an indication				
that you intend to work as adjunct or pro-rata faculty. Retired faculty maintain email accounts for a period of one year. Final Check Preference: Mail to the address below Direct Deposit Hold for pick up at District Office, Room 380 (picture ID required)				
Employee's Signature			Da	te
Permanent Address for Final Check (number, street name, city, state, and zip) *** This will override/update the home address on file in PeopleSoft.				
Immediate Supervisor's Name (Please Print)	Signature		Da	te
Vice President of Administration's Name (Please Print)	Signature		Da	te
President or Vice Chancellor's Name (Please Print)	Signature		Da	te
Section 3: Communication Preferences				
Your career with the District is important to us. We would like to continue to provide you with news and updates about SDCCD.				
Would you like to stay connected? Yes (complete section below) No				
Mailing Address (number, street name, city, state, and zip)	Personal Er	nail	Phone	

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¹ This option should be selected for Contract exempt employees who have multiple positions, such as Contract Faculty with an Adjunct/Overload assignment.

² Requires complete separation from the District and is subject to terms in the AFT Faculty Collective Bargaining Agreement, Section 17.2