

RETIREMENT/RESIGNATION FORM

Dear La Habra City School District,	
Please accept this notification as my official l	etter of:
Retirement	Resignation
Effective date of retirement/resignation:	
In addition:	
Employee Name:	
Employee ID#:	_
School Site/Department:	
Last day of work:	
All District issued property has been returned	d to:
Position Title:	
Signature:	Date:
PLEASE SUBMIT TO CLASSIFIED PERSONNEL	District issued property received by:
	On