

Boise School District
 Retirement/Resignation Form



Purpose: Notice of leaving District employment in **ALL** capacities

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

Last Workday:	Certified – FTE	Classified Hrs/Wk
My last day at work is (MM/DD/YYYY):		
I will complete my entire scheduled work year (check one): 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):	
Work for another School in Idaho	Death
Work for another School not in Idaho	Reduction of Force (RIF)
Leaving Profession	Personal Reasons
Return to School	Involuntary Termination
Spouse Transferred	Leave other (please specify):
	Never Worked

Employee Signature: _____ **Date:** _____
 (Employee signature not required if employee is unavailable)

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/Supervisor will fax form to Human Resources Department (208-854-4010). Human Resources will forward a copy to the Area Director.

Administrator/Supervisor Use Only
<input type="checkbox"/> Verbal Resignation: Date Administrator/Supervisor Notified: _____
Administrator/Supervisor Signature: _____ Date: _____
Details: