

NOTICE OF RETIREMENT (Blue ink please)
CITY OF BAKER SCHOOL SYSTEM (CoBSS)
OFFICE OF HUMAN RESOURCES, 14750 PLANK ROAD, BAKER, LA 70714

This is official notification that I am resigning, through retirement, my position as

_____ (title of position), at _____ (location/site)

with the CoBSS, with my last day of employment effective on _____ (m/d/y);

therefore, my official retirement date, on the next day, is _____ (m/d/y).

Print Name of Employee

Signature and Date Signed (m/d/y)

REQUIRED INSURANCE COVERAGE CONTINUATION OR DISCONTINUATION

***The Coordinator of Benefits will communicate with you regarding your intentions**

Yes, I am requesting to keep the following insurance(s) until the following date(s): *check all that you want to continue

- Blue Cross and Blue Shield Health Insurance
- Delta Dental Insurance
- Ameritas/VSP Visual Insurance
- The Standard/Petra Group EMPLOYER PAID Life Insurance NOTE: There is no cost to the EMPLOYEE.

No, I do not want the following insurance(s), and I am signing off that I understand that I am aware that the insurance(s) will end at the end of the month that I am resigning: *check all that you want to discontinue

- Blue Cross and Blue Shield Health Insurance until the following date (m/d/y)
- Delta Dental Insurance
- Ameritas/VSP Visual Insurance
- The Standard/Petra Group Life Insurance

SUGGESTED EMPLOYEE RELEASE OF INFORMATION AUTHORIZATION STATEMENT

NOTE: In the event of death/incapacitation/sickness of former employee, this section will allow the City of Baker School System to be able to discuss personal matters with whomever is listed below. I hereby authorize the CoBSS to release any and all information to the following person or persons:

_____ Signature of Former Employee _____ Date Signed

Name: _____ Relationship to Employee _____
Contact Telephone #: _____

Name: _____ Relationship to Employee _____
Contact Telephone #: _____

Name: _____ Relationship to Employee _____
Contact Telephone #: _____

PERSONAL EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

HOME ADDRESS: _____

OPTIONAL COMMENTS: _____

Human Resources (original)

Principal/Immediate Supervisor (copy)

Employee (copy)

RETIREMENT (File F-9.17) POLICY states: It shall be the policy of the City of Baker School Board to require written notice of retirement of all employees who wish to retire. The Superintendent shall accept any notice of retirement on behalf of the School Board and such retirement shall be considered effective for the end of the fiscal year or as may be approved by the Superintendent or designee, the decision to retire may not be rescinded. All employees shall be required, as a condition of employment, to become members of the retirement system for which they are eligible. No individual shall be discharged or forced to retire because of age. Adopted 9-9-2021