

Notice of Retirement

Employee Name \_\_\_\_\_

I hereby give notice to the District that I will be retiring on \_\_\_\_\_

I understand that by giving six months' notice of my retirement date, if I use less than 96 hours of sick or family needs time during my last six months of employment, I am eligible to fund my retirement health insurance for the remainder of the calendar year through a pretax deduction from my sick pay at retirement. Thereafter, I understand that I am entitled to six additional months of retiree healthcare (equal to the HSA premium) at no cost to me (as described in the Labor Agreement between the District and Local 2754, Section 16.5 Notice of Retirement).

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Chief Signature

\_\_\_\_\_

Date