

**BURBANK UNIFIED SCHOOL DISTRICT**

**Human Resources Services**

1900 W. Olive Avenue, Burbank, CA 91506  
Phone (818) 729-4400 Fax (818)729-4554

**SEPARATION FORM**

**Must be Submitted to Human Resources Services (Please Print)**

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PERSONAL EMAIL ADDRESS \_\_\_\_\_

**JOB(S) YOU ARE RETIRING or RESIGNING FROM:**

SITE LOCATION (#1) \_\_\_\_\_ JOB TITLE (#1) \_\_\_\_\_

SITE LOCATION (#2) \_\_\_\_\_ JOB TITLE (#2) \_\_\_\_\_

**TYPE OF SEPARATION:**

**RESIGNATION:**

- |  |   |
|--|---|
| <input type="checkbox"/> Resigned: Health    | <input type="checkbox"/> Resigned: Transportation           |
| <input type="checkbox"/> Resigned: Personal  | <input type="checkbox"/> Resigned: Job Offer Other District |
| <input type="checkbox"/> Resigned: Financial | <input type="checkbox"/> Resigned: Education                |
| <input type="checkbox"/> Resigned: Moving    | <input type="checkbox"/> Resigned: Other Reason             |

**RETIREMENT:**

- Retirement
- Retirement: Medical Disability

\*\*COMMENTS (Please note if interested in continuing as a substitute for the District):

\_\_\_\_\_

**ACCEPT MY SEPARATION at the end of the work day EFFECTIVE THIS DATE:** \_\_\_\_\_

**MY RETIREMENT DATE IS \_\_\_\_\_ (Must be at least 1 (one) day after last day worked).**

Employees are reminded that upon your retirement or resignation from the Burbank Unified School District, it is the employee's responsibility to contact the Benefits Office (818-729-4454) in order to discuss your options for continued benefit coverage (COBRA) and to ensure that premiums are not deducted from your final paycheck. Also, if you have Direct Deposit, your final paycheck will NOT be issued as Direct Deposit, it will be issued as a paper warrant. Please return any keys, identification cards or other District property to your supervisor or to Human Resources Services. You may not rescind your Separation after submitting this form.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date of Filing This Request**

**OFFICE USE ONLY**

\_\_\_\_\_  
Sarah Rudchenko, Ed.D. Assistant Superintendent, Human Resources Services

\_\_\_\_\_  
Date Request Approved