

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 _____

FORWARDING EMAIL ADDRESS (OPTIONAL) _____

JOB(S) YOU ARE RETIRING or RESIGNING FROM:

SITE LOCATION (#1) _____ TITLE (#1) _____

SITE LOCATION (#2) _____ 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: Medical Disability
- Retirement
- Would you like a retirement recognition plaque? YES NO

If YES, please PRINT how you would like your name to be printed on the plaque:

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

ACCEPT MY RETIREMENT or RESIGNATION EFFECTIVE THIS DATE: _____

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 or 818-729-4476) in order to discuss your options for continued benefit coverage (COBRA) and to ensure that premiums are not deducted from your final paycheck. Also, 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 Niemann, Ed.D. Assistant Superintendent, Human Resources Services

Date Request Approved