

TULARE COUNTY OFFICE OF EDUCATION
HUMAN RESOURCES

PERSONNEL ACTION REQUEST

Certified
 Classified

RESIGNATION/RETIREMENT

Name: _____ Date: _____

Last 4 of Social Security: _____ Supervisor: _____

Present Work Location: _____ Present Assignment: _____

Please initiate the following personnel action request: RESIGNATION* RETIREMENT**

I hereby voluntarily tender my resignation/retirement as an employee of Tulare County Office of Education. My last workday will be _____, 20_____.

My retirement date will be _____, 20_____. (*Retirement only*)

I understand my resignation/retirement may not be revoked once accepted by the Assistant Superintendent/Designee.

REASON (optional) _____

* TCOE group life insurance may be converted to a personal life insurance policy within 31 days from last date of employment. Contact HR Technicians if you want to consider converting your group life.

* After termination of any health benefits, you will be notified by mail of COBRA rights to continue insurance.

** Retiring employees must wait 180 days from retirement (effective retirement date from STRS/PERS) prior to being able to return to any type of employment or a consultant as a retiree at a STRS/PERS agency.

** Retiring employees will be notified by mail regarding continuation of health benefits as a retiree.

Employee Signature Telephone Number Personal Email Address

Permanent Address **Check:** if a new address City, State, Zip

Supervisor Signature (Does not indicate acceptance) Date

Please return completed form to: hrbenefits@tcoe.org

Human Resource Use Only

Date Accepted: _____ By: _____
Assistant Superintendent, Human Resources / Designee

Distribution

- 1 copy -Employee
- 1 copy - Manager/Supervisor
- 1 copy - HR Benefits Technician