

Retirement/Resignation Form

Dear PYLUSD,			
Please accept this i	notification as my officia	ıl letter of:	
Retiremen	tResignation		
Effective date of ret	irement/resignation:		
In addition:			
Employee Name:			
Employee ID #:			
School Site/Departr	ment:		
Certificated:	_ Subject Taught:		
Classified:	Last day of work:		
Management:			
Position Title:			
Signature:		Date:	

PLEASE SUBMIT TO PERSONNEL