



Roger León
Superintendent

Newark Board of Education

Dr. Yolanda Méndez, Executive Director
Human Resource Services

Where Passion Meets Progress

REQUEST FOR RETIREMENT/RESIGNATION

(PLEASE PRINT CLEARLY)

Date: _____

ID#: _____ Name: _____

Address: _____

Street (P.O. Box addresses are not acceptable)

City _____ State _____ Zip _____
Home Phone#: () _____ Cell Phone#: () _____

Home Email Address (required): _____

Title: _____

Location: _____

****** PLEASE CHECK ONE THAT APPLIES AND FILL IN THE EFFECTIVE DATE ******

REQUIRED DAYS OF NOTICE TO DISTRICT

Employee Status	Retirement	Resignation
Non-Tenured *		30 days
Tenured *	90 days	60 days
Non-Instructional Staff *	2 weeks	2 weeks

Please note that a confirmation email acknowledging your separation will be sent to your email.

*** District Employees are to provide notice of separation in accordance with the collective agreement. Payment of sick days (buy back) is subject to the date the district receives notification of retirement, as noted in each collective agreement.**

Retirement Effective Date _____

Resignation Effective Date _____

Disability Retirement¹ Effective Date _____

By signing the Request for Retirement/Resignation form, I hereby certify that effective date provided is in fact true and I hereby authorize the Human Resources Department to process my retirement/resignation accordingly. I understand that in order for my notice of retirement/resignation to be effective, same must be received/acknowledged by Human Resources and approved by the State District Superintendent.

Employee's Signature

RETURN COMPLETED APPLICATION TO HUMAN RESOURCES

¹Regular Retirement will be reflected in District record until the Board of Trustees of the Division of Pension and Benefits sends the District notification of an approved Disability Retirement.

Revised 6/12/2019