

**CITY OF BAKER SCHOOL SYSTEM (CoBSS)
OFFICE OF HUMAN RESOURCES
14750 PLANK ROAD
BAKER, LOUISIANA 70714**

NOTICE OF RETIREMENT (Blue ink please)

This is official notification that I am resigning my position, with the CoBSS, as

(Title of Position)
at

(Location or School)

with my last day of employment effective on (MM/DD/YYYY) _____;

therefore, my official retirement date is (MM/DD/YYYY) _____.

Please be reminded that if for some reason rescission of retirement is requested, your resignation could remain in effect.

Print Name of Employee

Signature of Employee

Today's Date (Month, Day, and Year)

<p>INSURANCE COVERAGE CONTINUATION *The Coordinator of Benefits will communicate with you regarding your intentions</p> <p>Yes, I am requesting to keep the following insurance(s) until the following date(s): *check all that you want to continue</p> <p><input type="checkbox"/> Blue Cross and Blue Shield Health Insurance until the following date (m/d/y): _____</p> <p><input type="checkbox"/> Delta Dental Insurance until the following date (m/d/y): _____</p> <p><input type="checkbox"/> Ameritas Visual Insurance until the following date (m/d/y): _____</p> <p><input type="checkbox"/> All State Life Insurance until the following date (m/d/y): _____</p> <p>No, I do not want the following insurance(s), and I am signing off that I understand that I am aware that the insurance(s) will end at the end of the month that I am resigning: *check all that you want to discontinue</p> <p><input type="checkbox"/> Blue Cross and Blue Shield Health Insurance until the following date (m/d/y)</p> <p><input type="checkbox"/> Delta Dental Insurance until the following date (m/d/y)</p> <p><input type="checkbox"/> Ameritas Visual Insurance until the following date (m/d/y)</p> <p><input type="checkbox"/> All State Life Insurance until the following date (m/d/y)</p>

OPTIONAL PERSONAL EMAIL ADDRESS: _____

Note: *A personal email address is sometimes needed for post-employment contact.*

OPTIONAL FORWARDING TELEPHONE NUMBER: (_____) _____

Note: *A contact # is sometimes needed for post-employment contact.*

OPTIONAL FORWARDING HOME ADDRESS: _____

Note: *A forwarding address is sometimes needed for post-employment contact.*

OPTIONAL COMMENTS: **Note:** *An employee may want to make professional/courteous parting remarks.*

