



Provo City School District

5020 F9

EMPLOYEE RETIREMENT REQUEST PLANNING FORM

Please complete and return to HR no later than noon December 18th

Date: _____

TO: Deputy Superintendent
Provo City School District

I hereby submit my retirement request as an employee of Provo City School District, effective _____ (last working day).

I have signed this statement of retirement for the purpose of notifying the Provo City School Deputy Superintendent that I desire to be released from all obligations at the end of my current contract, and any implied contract, when I became a professional or career employee with the District. I understand I must fulfill my obligations through the end of the contract period to qualify for any incentive available to me.

My signature below indicates that I concur with post retirement qualifications for insurance and other benefits itemized and described in the current OPEB agreements and online negotiated agreements.

Print name

Signature

Social Security Number

Employee ID#

School/Department

Principal/Supervisor Signature

Deputy Superintendent

Date Received in Human Resources