

SHAWNEE PUBLIC SCHOOLS

Retirement Form for Certified & Support Staff

Name _____ Date _____

SS# _____ Phone _____

Last day worked will be _____

My Assignment is:

_____ Position _____ School/Department _____

_____ Signature _____ Telephone Number _____

_____ Address _____ City _____ State _____ Zip _____

If currently enrolled in the Health Insurance Program, you must contact the District's Insurance representative, (878-1026)

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For office use only:

To: _____

You are advised that your retirement form was received in the Human Resources Office on

_____ and action by the Board of Education was/will be taken on _____

Assistant Superintendent
Human Resources

Date