

Notification of Retirement

Written notification will be given to the Superintendent on or before **December 15th** of the current contract year for employees to be eligible for district retirement benefits.

Name: _____

Date: _____

Anticipated date of retirement: _____

Birth date: _____

Age on date of retirement: _____

Current mailing address: _____

Telephone number: _____

of years employed in USD #321: _____

KPERS service credit years: _____

I want to continue health insurance coverage through the school district's health insurance program. YES NO

I am eligible for the district's "early" retirement. YES NO

By submitting this form you are stating your intent to retire at the end of the current contract year. Please attach your dated and signed letter of retirement.

Signature