

BETHLEHEM AREA SCHOOL DISTRICT
Human Resources Department
1516 Sycamore Street, Bethlehem, PA 18017
610-861-0500

RESIGNATION/RETIREMENT FORM
(please print clearly)

Name _____

Address _____

Social Security Number _____ Telephone Number _____

Position _____

Building _____

Years of Service _____

Reason for Leaving:

_____ Retirement _____ Personal

Sick Leave Conversion/Health Care Benefits (if applicable):

_____ Cash _____ Benefits _____ Cash/Benefits

Last Day of Work _____

First Day of Resignation/Retirement _____

Signature

Date

C: Human Resources Department
Benefits/Payroll
Building Supervisor