

IBERIA PARISH SCHOOL BOARD

1500 Jane Street P. O/ Box 200 New Iberia, LA 70562-0200

RETIREMENT/DROP/RESIGNATION/TERMINATION FORM

(PLEASE PRINT OR TYPE INFORMATION)

1. NAME: _____ HIRE DATE: _____

2. ADDRESS: _____ CITY/STATE/ZIPCODE: _____

3. PHONE NUMBER: _____ EMPLOYEE NUMBER: _____

4. EMAIL ADDRESS: _____ SOCIAL SECURITY #: _____

5. POSITION: _____ GRADE/SUBJECT: _____ SCHOOL: _____

6. CHECK WHICH APPLIES: DROP RETIREMENT RESIGNATION TERMINATION

I wish to continue my medical coverage under COBRA: YES NO

(NOTE: A separate form must be filled out for this coverage. Contact the Insurance Department for information.)

When do you wish to receive your severance pay? Please initial your preference:

Upon entering DROP At the time of my Retirement

7. Reason DROP/Retirement/Resignation/Termination:

8. Last Date of Employment: _____

MONTH DATE YEAR

9. SIGNATURE OF EMPLOYEE: _____

DATE: _____

10. _____

DIRECTOR OF Human Resources

NOTE: Employee Change of Information Forms can be downloaded from the website and mailed or emailed to the Personnel or Payroll Department

PIP PARTICIPANT? YES NO