



# The Independent School District of Boise City

8169 West Victory Road  
Boise, ID 83709

(208) 854-4074  
Fax (208) 854-4010

## RESIGNATION / RETIREMENT NOTIFICATION FORM

Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Certified

Classified

Assignment/Grade: \_\_\_\_\_

Site/Location: \_\_\_\_\_

Last Work Day: \_\_\_\_\_

### PLEASE GIVE REASON:

Resignation Reason: \_\_\_\_\_

PERSI Retirement

PERSI Disability Retirement

Other: \_\_\_\_\_

### Please accept my resignation/retirement:

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

**Reminder to Employee:** Please return to your Building Administrator/Supervisor, any keys, identification cards, or other District property.