SDCCD
San Diego Community College District

People, Culture, and Technology Services | Phone: 619-388-6880 | 3375 Camino del Rio South, San Diego, CA 92108

Retirement / Resignation / Separation Notice

Section 1: Complete the form and submit to your supervisor for further processing.

Select One: ☐ Adjunct (Hourly Faculty) ☐ NANCE (Hourly) ☐ Contract Classified ☐ Contract Academic ☐ All Positions[1]

Retirement System: ☐ CalSTRS ☐ CalPERS ☐ 401A/FICA Alternative

Employee Name _____ Employee ID _____ Select Bargaining Unit

Position Title _____ College / Location _____

Do you have direct reports? ☐ Yes ☐ No

Section 2: Select the appropriate separation action items below.

I hereby request the Board of Trustees to accept the following:

☐ Retirement from SDCCD. ☐ Intend to work as pro rata faculty in the future[2].
Last day in paid status: _____

☐ Resignation from SDCCD. ☐ Intend to continue to work as adjunct faculty.
Last day in paid status: _____

☐ Retirement from STRS ONLY[3]. Option available to adjunct faculty only. Plan to continue working for the District as a working retiree[4].
First day of retirement: _____

☐ Retirement Notice Incentive: 3 months additional cash payment. * Does not apply to Faculty.

The incentive is granted to members of certain employee groups for providing at least a 90-day advance written notice of their retirement date to their supervisor and meeting the eligibility requirements found in the applicable handbook.

District network login and email will be disabled the day after your last day in paid status, unless there is an indication that you intend to work as adjunct or pro-rata faculty. Retired faculty maintain email accounts for a period of one year.

Final Check Preference: ☐ Mail to address below ☐ Direct Deposit ☐ Hold for pick up at District Office, Room 380 (picture ID required)

Employee's Signature _____ Date _____

Permanent Address for Final Check (number, street name, city, state, and zip) **** This will override/update home address on file in PeopleSoft.*

Immediate Supervisor's Name (Please Print) _____ Signature _____ Date _____

Vice President of Administration's Name (Please Print) _____ Signature _____ Date _____

President or Vice Chancellor's Name (Please Print) _____ Signature _____ Date _____

Section 3: Communication Preferences

Your career with the District is important to us. Would you like to stay connected? ☐ Yes *(complete section below)* ☐ No

Mailing Address (number, street name, city, state, and zip) _____ Phone _____ Personal Email _____

For AFT Classified Professionals:

Retiring AFT Classified Professionals unit members may continue to utilize their SDCCD email address upon request at the time of retirement[5].

Would you like continue usage of your SDCCD email address? ☐ Yes ☐ No

[1] This option should be selected for Contract exempt employees who have multiple positions, such as Contract Faculty with an Adjunct/Overload assignment.

[2] Requires complete separation from the District as well as CalPERS/CalSTRS and is subject to terms in the AFT Faculty Collective Bargaining Agreement, Section 17.2

[3] STRS has a voluntary 180-day sit out period. Consult with your retirement advisor regarding your options. https://www.calstrs.com/sites/main/files/file-attachments/workingafterretirement2017.pdf

[4] Contingent on enrollment, funding, and program changes; there is no reasonable assurance of employment under Unemployment Insurance Code 1253.3. See Cervasi v. Unemployment Insurance Appeals Board.

[5] Continuance of this SDCCD email usage shall be subject to an annual renewal request from the retired unit member.