



15510 – 1st Avenue NE • Duvall, WA 98019 • 425.844.4500 • 425.844.4502 FAX
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Notice of Retirement or Resignation

This letter is to inform the Riverview School District that I am **resigning** from my position with the District effective on the date indicated below.

This letter is to inform the Riverview School District that I will be **applying for retirement** as indicated below.

I understand that my health benefits through the SEBB will end on the last day of the month of my official resignation/retirement date. Benefits are NOT paid in advance and will not extend beyond the final month of my official resignation/retirement date.

Name: _____
as shown on payroll records

Position: _____

Location: _____

Last Day of Work OR Official Retirement Day: _____
If retiring, communicate with DRS regarding this date

Contact information for all future correspondence:

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

COMMENTS: _____

SIGNATURE: _____ **DATE:** _____