



Livingston Parish Public Schools

P.O. Box 1130
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Livingston, Louisiana 70754
Phone: (225) 686-7044 Fax: (225) 686-3052

LPPS Office Use Only

HR _____
Insurance _____
Payroll _____
Principal/Supervisor _____
Retirement _____
SFS _____
SPED _____

RETIREMENT NOTIFICATION

This form is for LPPS use only. This form does not notify your retirement system of your intent to retire. It is your responsibility to submit the appropriate *Application for Retirement* to your retirement system, and submit this form to LPPS Retirement Office for processing.

EMPLOYEE NAME: _____ EMPLOYEE #: _____
(Please Print)

SCHOOL/LOCATION: _____ TITLE OF POSITION: _____

HOME PHONE: _____ CELL PHONE: _____

I have decided to *RETIRE*. I understand that my effective Date of Retirement will be the day after my last day of employment, even if that day falls on a holiday or weekend.

Date of Retirement: _____

Link to *Retirement Applications*: <http://www.lpsb.org/Business/retirement.htm>

For questions regarding retirement call 225-686-4293 or email Robin.Taylor@lpsb.org

I wish to continue the Health Insurance coverage I currently have through the Office of Group Benefits. Yes No

I wish to continue the Life Insurance coverage I currently have through the Office of Group Benefits. Yes No

For continuation of Office of Group Benefits (OGB) Health Insurance or other benefits, please contact LPPS Insurance Clerk at 225-686-4230 or email Amanda.Glascock@lpsb.org. **It is important to check OGB vesting prior to your official Date of Retirement.**

Link to Insurance Benefits: <http://www.lpsb.org/Insurance/insurance.htm>

As an employee of Livingston Parish Public Schools you are responsible for all decisions concerning your retirement. Signing this form confirms that no member of the Livingston Parish Public Schools staff has advised you to retire from your currently held position with Livingston Parish Public Schools.

Employee Signature

Date

Principal/Supervisor Signature

Date