



Livingston Parish Public Schools

P.O. Box 1130
13909 Florida Blvd.
Livingston, Louisiana 70754
Phone: (225) 686-7044 Fax: (225) 686-4363

LPPS Office Use Only

HR _____
Insurance _____
Retirement _____
Supervisor _____

RETIREMENT NOTIFICATION

This form is for LPPS use only. Submit completed form to LPPS HR Retirement Liaison for processing. Submitting this form only notifies LPPS of your intent to retire. *It is your responsibility to complete and submit the appropriate Retirement Application to your retirement system.* (Applications: www.trsl.org 225.925.6446 or www.lasers.net 225.925.6484)

EMPLOYEE NAME: _____ <small>(Please Print)</small>	EMPLOYEE #: _____
SCHOOL/LOCATION: _____	JOB CLASS: _____ <small>(Title)</small>
HOME EMAIL: _____	PHONE: _____

RETIREMENT DATE: _____
Retirement Date is the day after last day of employment, even if that day falls on a holiday or weekend.

Benefits after Retirement:

Continue Health Insurance coverage: Yes No N/A

Continue Life Insurance coverage: Yes No N/A

Office of Group Benefits Vesting determines the amount you will pay for Health Insurance after retirement

For questions concerning OGB Vesting, Insurance or other Benefits call 225.686.4230 or email Amanda.Glascock@lpsb.org Link to Benefits: <http://www.lpsb.org/Insurance/insurance.htm>

As an employee of the Livingston Parish Public School (LPPS) System, you are responsible for all decisions concerning your retirement. Signing this form confirms no member of LPPS staff has advised you to retire from your currently held position.

Employee Signature

Date

Principal/Supervisor Signature

Date