



LONG BEACH  
CITY COLLEGE

Employee Name: \_\_\_\_\_

Employee ID# \_\_\_\_\_

Position: \_\_\_\_\_

Location: \_\_\_\_\_

Department: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Probationary

Permanent

Academic

Classified

Exit Checklist Completed:

Yes

No

I Hereby request the Board of Trustees to accept my:

Resignation

As of close of work on \_\_\_\_\_  
(Last paid working day)

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

Retirement

As of close of work on \_\_\_\_\_  
(Last paid working day)

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

Please indicate if any paid vacation time is to be included in the date show: (Not applicable to Faculty)

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

Permanent or Forwarding Address:  
\_\_\_\_\_

Telephone:  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean/Director: \_\_\_\_\_

Date: \_\_\_\_\_

Vice President: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_