



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:
