



DEPARTMENT OF EDUCATION
THE CITY OF WATERBURY
CONNECTICUT

DEPARTMENT OF EDUCATION
SAW NOTICE OF RETIREMENT

ADMINISTRATOR NAME

EFFECTIVE DATE OF RETIREMENT

SCHOOL / BUILDING

POSITION

SIGNATURE

DATE

DATE RECEIVED
(Office Use Only)

This form must be received by the Education Personnel on or before September 30th of the year in which you intend to retire or payment for accumulated sick leave will be deferred for an additional 12 months.