

DATE:			
TO: FROM:	Human Resources		
	Name (Please Print)	Employee ID #	
SUBJECT	Γ: Retirement Severance Pay	Stipend (Teacher)	
SCHOOL	NAME:		
DIRECT	SUPERVISOR NAME:		
DIRECT	SUPERVISOR SIGNATURE:		
27-10 o No. 1 ir severan my tern	of the Agreement between the of the City and County of Denve ce pay stipend of One Thous of nination. I understand that I centive (age, years of service)	Public Schools and in accordance with the provisions of Article Denver Classroom Teachers Association and School Districter and State of Colorado, I recognize that I am eligible for and Two-Hundred Dollars (\$1200) payable after the date of must meet the requirements to retire under PERA to receive and if I do not meet the requirements, I will not receive the	
Please enter your effective resignation date from DPS below. To be eligible for payout, this date must be no earlier than the end of a school year. In addition, resigning prior to the end of you contract will affect your benefits, benefit credits and payment schedule. Your effective retirement date is the first of the month following your last day worked or the first of the month following the end of the teacher contract (7/31 in most cases). I understand that once I choose to request the stipend and sign this Interdepartmental communication my decision to resign and retire from the Denver Public School District is irrevocable.			
AND WI	I FULLY UNDERSTAND THE CONSEQUENCES DESCRIBED ABOVE AND HEREBY FREELY AND VOLUNTARILY AND WITHOUT BEING PRESSURED IN ANY MANNER, SUBMIT MY APPLICATION FOR THE RETIREMEN SEVERANCE PAY STIPEND.		
		efits no later than February 1 of the retirement year. co: employee benefits@dpsk12.org	
Signatur	re	Date of Resignation from DPS	