

NOTICE OF DELETION FROM THE ROSTER

DIVISION NAME: _____
DIVISION CODE: _____

SCHOOL/DISTRICT NAME: _____
SCHOOL/DISTRICT CODE: _____

EMPLOYEE NUMBER: _____
COMPLETE NAME: _____

REASON: Pls. Check appropriate box

DEATH RETIREMENT TERMINATION RESIGNATION	
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PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTS:

1. DEATH CERTIFICATE (DULY AUTHENTICATED BY LCR)
2. DULY APPROVED RETIREMENT PAPER
3. TERMINATION PAPER
4. DULY ACCEPTED RESIGNATION PAPER

CERTIFIED CORRECT:

Cut - Off Date of submission is on the 20th day of the month.