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| Palliser Logo 2011 TRANSPARENT GIFS | PALLISER REGIONAL SCHOOLSAPPLICATION FOR PARTICIPATION IN**THE TRANSITION TO RETIREMENT PROGRAM** |

I hereby make application to participate in the Palliser Regional Schools Transition to Retirement Program.

I understand that the Associate Superintendent, Human Resources, on behalf of the Board of Trustees, reserves the right to accept or reject this application. Decisions may be appealed to the Superintendent.

### STATEMENT OF RESIGNATION

On the prior condition that this application for the Transition to Retirement Program is accepted by the Associate Superintendent of Human Resources on behalf of the Board of Trustees for Palliser Regional Division No. 26, I hereby tender my resignation as an employee of Palliser Regional Division No. 26 effective (date).

Name:

Address:

City/Town:

Postal Code:

Signature of Participant Date

Signature of Witness Printed Name of Witness

***FOR OFFICE USE ONLY***

**MUTALLY AGREED DATE OF RETIREMENT:**

**DATE OF TEMPORARY CONTRACT:**  to

**APPROVAL:**

Signature of Associate Superintendent Human Resources, Date

Superintendent (in the case of an Assoc. Supt. request for TRP)
or, Board Chair (in the case of the Superintendent)