



## NOTICE OF RETIREMENT

*If you would like to talk to someone in Human Resources before completing this form, please call: (312) 742-5220*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Employee Number: \_\_\_\_\_

Department/Region: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Retirement Effective Close of Business on (mm/dd/yyyy): \_\_\_\_\_

Reason for Retirement:

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I certify that this retirement is executed by me voluntarily and of my own free will:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

To enroll in Retiree health benefits: contact HR Benefits at 312-742-9023 or [benefits@chicagoparkdistrict.com](mailto:benefits@chicagoparkdistrict.com)

Please fax this signed and dated form to (312) 742-6097 or you can email a scanned copy with your signature and date to [hr@chicagoparkdistrict.com](mailto:hr@chicagoparkdistrict.com) or you can mail this form to:

**Chicago Park District -HR Dept.  
4830 S. Western Ave  
Chicago, IL 60609**

Please fill out our [Exit Survey Form](#):



<https://forms.office.com/g/CHVAAAnmsmR>

**FOR CPKD HUMAN RESOURCES USE ONLY**

Last day of work per dept  
(if different from above): \_\_\_\_\_

\_\_\_\_\_  
Accepted by

\_\_\_\_\_  
Date