

**USE THIS FORMAT IF YOU HAVE NOT MADE A FINAL DECISION AND YOUR 58<sup>TH</sup> BIRTHDAY IS APPROACHING. HAND DELIVER OR SEND VIA CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED.**

Street Address  
City, State Zip

Date

Dr. Kriner Cash  
Superintendent of Schools  
Buffalo Board of Education  
65 Niagara Square - Room 712  
Buffalo, New York 14202

Dear Dr. Cash:

Please consider this letter notice that it is my *intention* to retire prior to September 1, 2020. I am submitting this letter in order to meet the eligibility requirements for the Early Retirement Incentive\*.

I will provide an official written resignation when my plans are finalized. Please do not submit any items for Board of Education action at this time.

If additional information is needed, please contact me.

Sincerely,

Name

## **SAMPLE LETTER**

***\*This letter must be sent prior to your 58<sup>th</sup> birthday in order to meet notification requirements for the Early Retirement Incentive.***

**USE THIS FORMAT WHEN DECISION IS DEFINITE AND YOU WISH TO APPLY FOR THE EARLY RETIREMENT INCENTIVE AND/OR TERMINATION COMPENSATION. HAND DELIVER OR SEND VIA CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED.**

Street Address  
City, State Zip Code

Date

Dr. Kriner Cash  
Superintendent of Schools  
Buffalo Board of Education  
65 Niagara Square - 712 City Hall  
Buffalo, New York 14202

Dear Dr. Cash:

Please be advised that effective with the close of business on **June 26, 2020**, I will retire from the Buffalo Board of Education.

I want to continue my medical coverage and have it paid for by the District as per the BTF Master Contract, Article XXVI (2) A (10). Please notify the Benefits Office to forward all necessary information/application forms concerning this as soon as possible.

I also wish to apply for the Early Retirement Incentive and/or Termination Compensation for which I am eligible. Please advise me of all the procedures I need to follow in order to have these monies placed into a Tax Sheltered Annuity account (or similar retirement account). Please notify the Benefits Office, Room 806 City Hall, to forward all necessary information regarding this to me as soon as possible. Finally, I am requesting payment of the \$500 notification bonus for providing the District with at least sixty (60) days' notice of my upcoming retirement.

If you require any further information regarding any/all of the above, please contact me immediately.

Sincerely,

Name

**S A M P L E      L E T T E R**

**USE THIS FORMAT IF YOU ARE NOT ELIGIBLE FOR THE  
EARLY RETIREMENT INCENTIVE OR PAYMENTS FOR ACCRUED SICK TIME  
BUT ARE ELIGIBLE FOR RETIREE HEALTH INSURANCE. HAND DELIVER OR  
SEND VIA CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED.**

Street Address  
City, State Zip Code

Date

Dr. Kriner Cash  
Superintendent of Schools  
Buffalo Board of Education  
65 Niagara Square - 712 City Hall  
Buffalo, New York 14202

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