Troy Area School District
Retirement Form

Last Name _____ First Name _____ M.I. ____

Home Address _____

Home Phone _____ Email Address _____

Position Held in Troy Area School District _____

Last Day of Employment _____

Request Insurance Option (if applicable) ☐Yes ☐No

Retirement Gift Option ☐Pewter Bowl ☐Seat Dedication in Auditorium

_____ _____

Employee's Signature Date

Date Received _____ Board Approval Date _____