

## Steps on how to Retire with Maricopa Community Colleges

- Step 1.** Submit a written letter or email with your intent to Retire to your direct Supervisor. If your Supervisor is not available, submit your notice to your Campus HR Department or District Office Attn: Benefits Department.
- Your letter must include the last physical date you worked (or use of accrued paid time) along with a separate date of Retirement.
  - Last Date worked and Retirement date cannot be on the same day.
  - If you intend to Retire on, before, or after an approved paid holiday or Holiday Break, please refer to the [Staff Policy](#) manual for information on Holiday pay.
- Step 2.** Campus HR and/or your direct Supervisor will complete the [Notice of Retirement](#) form. Once this form is completed, Campus HR can scan and email it to the [Benefits Department](#) (dl-terminations@memo.maricopa.edu) or send it inter-campus mail Attn: Benefits Department.

DO HR/Benefits will process your Retirement in HCM. Medical and/or Dental, along with any life insurance plans will terminate at the end of the month in which you separate from MCCCDC.

If you are currently receiving Medical and/or Dental benefits, a [COBRA](#) notification will be mailed to your home address on file by the Plan Provider. Information in this letter will provide you with continuation of benefits rights or the option to gain coverage through [www.healthcare.gov](http://www.healthcare.gov)

For more information on Retirement Frequently asked questions, please [click here](#) or visit:

<https://hr.maricopa.edu/benefits/retirement-separation-benefits/arizona-state-retirement-system>



**NOTIFICATION OF RETIREMENT**  
**(To be completed by Campus HR/Supervisor)**

Please check one:

- Less than 10 years of active service
- 10 or more years of active service

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Campus: \_\_\_\_\_

SSN: \*\*\* - \*\* - \_\_\_\_\_ (last 4 digits only)

Department ID: \_\_\_\_\_ - \_\_\_\_\_

Position/Title: \_\_\_\_\_

Last Date of work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Retirement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Cannot be the same date as last date worked)

FTE: (select one) \_\_\_ 1.0 \_\_\_ .75

Pay Calendar: (select one)  
\_\_\_ 9 \_\_\_ 9.5 \_\_\_ 10 \_\_\_ 9 mon. on 12 mon. pay \_\_\_ 12mon. pay

Work Schedule: (select one)  
\_\_\_ 5:40 \_\_\_ 4:40 \_\_\_ Weekend \_\_\_ 9 mon. on 12 mon. pay \_\_\_ 12 mon.  
\_\_\_ 9:80 \_\_\_ 5:30 \_\_\_ 5:35 \_\_\_ Shift Differential

Employee Status: (select one) \_\_\_ Active \_\_\_ LOA \_\_\_ FMLA

Comments: \_\_\_\_\_

Completed by:  
(Supervisor signature) \_\_\_\_\_

(Supervisor Printed name) \_\_\_\_\_

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<p><b>Benefits Department Use Only</b></p> <p>Date Received: _____</p>
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