

REQUEST FOR RESOLUTION for Retiring Employees
(Resolutions are not mailed – they must be picked up in person)
OFFICE OF BOARD MEMBER SCOTT SCHMERELSON
BOARD DISTRICT 3

TODAY'S DATE: _____

NAME OF RETIRING EMPLOYEE: _____

EMPLOYEE NUMBER: _____

CURRENT TITLE OF EMPLOYEE: _____

TOTAL YEARS OF SERVICE WITH LAUSD: _____

LAST PLACE OF EMPLOYMENT: _____

LAUSD EMPLOYMENT – OFFICES/SCHOOLS AND TITLES HELD: _____

BRIEF DESCRIPTION OF PROGRAMS THAT HE/SHE PARTICIPATED AND/OR
SPECIAL RECOGNITIONS IN LAUSD: _____ (Use separate sheet if needed)

DATE OF EVENT: _____ DATE NEEDED BY: _____

NAME & TITLE OF PERSON REQUESTING RESOLUTION: _____

CONTACT PHONE: _____

Please attach resume or bio if you have one. [Please note that actual size of certificate is 8 ½ x11” unless otherwise requested.](#)

RETURN THE COMPLETED REQUEST FORM TO:

Office of Board Member Scott M. Schmerelson
Board District 3
Attention: Cynthia Ronquillo, Administrative Assistant
cynthia.ronquillo@lausd.net
333 South Beaudry Avenue, 24th Floor
Los Angeles, CA 90017
Phone (213) 241-8333 Fax (213) 241-8467

----- Office Use Only -----

INFO. VERIFIED BY: _____ COMPLETED: _____ DATE WILL PICK UP ON: _____