Insert School Logo here

[Your Name]

[Street Address]

[City, ST ZIP Code]

[Date]

Public School Retirement System

Of the City of St. Louis

Attn: Ms. Angela Johnson

3641 Olive Street

Suite 300

St. Louis, MO 63108-3601

Dear Ms. Johnson:

This letter confirms separation of employment from [School Name] of the following former

employee:

**Full Name: [ ]**

 **Mailing Address: [ ]**

**Social Security Number: [ XXX-XX-9999]**

**Date of Hire: [ ]**

**Date of Birth: [ ]**

**Effective Separation Date: [ ]**

A copy of this letter is also being provided to the Public School Retirement of the City of St. Louis. If you have not received information from the Retirement Office within sixty (60) days regarding your retirement benefits or a refund of your pension contributions, please contact the Retirement Office at (314) 534-7444.

If you have questions about this matter, please contact me.

Sincerely,

[Your Name]

[Title]