



Dr. Scott Rimes
Superintendent

RANKIN COUNTY SCHOOL DISTRICT RESIGNATION/RETIREMENT FORM

District Code: _____ - _____
Employee # _____
Kronos # _____
(For District Office Use Only)

Section I Employee Information

Please attach any supporting documents for action request

I, _____, SS# _____,
(AS NAME APPEARS ON SOCIAL SECURITY CARD)

hereby wish to resign my position as: _____,
(POSITION TITLE AS LISTED ON CONTRACT)

and my last day of work will be: _____.

Are you retiring? Yes No **If Yes, have you contacted Chelsea McCrory for processing?** Yes No

The reason(s) for my resignation are as follows:

NOTICE:
If you are currently enrolled in the Mississippi State Employees Medical Insurance Plan, and plan to continue working in another District or State Agency, indicate here: YES _____ NO _____

If yes, and you know it, indicate District or State Agency name here: _____

If you have any questions, please contact RCSD insurance clerk at 601-825-5590.

Employee Signature: _____ Date: _____

Section II Supervisor

Department: _____ Number: _____ School Year: _____

_____ I accept the employee's request to resign from this position.
(Initial)

_____ I deny the employee's request to resign from this position.
(Initial)

Last working day: _____ Percent of last day completed: _____

Items Collected:

Badge EEF Card Key(s) Technology/Laptop Other: _____

Principal/Director Signature: _____ Date: _____

Section III District Office

BOARD: _____ **PAYROLL:** _____ **INSURANCE:** _____