



RESIGNATION/RETIREMENT FORM

Name	
Employee ID #	
Address	
City, State, Zip	
Telephone #	
Email Address	
Location	
Position/Assignment	
I am requesting to be released from contract/work agreement at the end of the day on: (Date) _____.	

Please indicate last date of work and check appropriate boxes below. Note: If you are planning to accept a position with another SC School District/Agency, you must indicate which district/agency and provide a copy of letter or contract from the receiving district in order for your benefits to transfer. Otherwise, your benefits will cancel at the end of the month of your last day worked. Example: Last day worked–May 27; Benefits cancel May 31. Contact the Benefits Office or PEBA for insurance coverage verification or for any insurance questions.

Last day of actual work will be/was at the end of the day on: (Date) _____.

I. () RESIGNATION <i>(also select <u>one</u> in Part A or Part B below):</i> A. () To accept work in the following SC School District/Agency _____ () To accept/seek work other than a school/state related position B. () Relocating to _____ () To attend school () Military service () Illness/pregnancy/medical () Personal Reasons (explain below)	II. () RETIREMENT <i>(also select <u>one</u> below):</i> () Regular _____ (date) () Disability _____ (date) III. () OTHER (This box for district use only) <div style="display: flex; justify-content: space-between;"> _____ _____ </div> Administrative Action Date
---	--

Explanation or comments, if applicable			
Employee Signature		Date	
Supervisor Signature		Date	

TO BE COMPLETED BY PERSONNEL/PAYROLL

Create Vacancy / Replacement #			
Account #		FTE	
Account #		FTE	
Date of Last Check Received			
Executive Director of HR Signature			Date:
Superintendent Approval	Approved/Released ()	Pending Suitable Replacement ()	
Superintendent Signature			Date: