



NORMANDY SCHOOLS COLLABORATIVE

HUMAN RESOURCES DEPARTMENT

Resignation/Retirement

This form is provided for all employees submitting a voluntary resignation/retirement to terminate employment with Normandy Schools Collaborative. The form should be complete and submitted to Human Resources at hr@normandysc.org.

I hereby submit my voluntary ☐ Resignation ☐ Retirement from my position as:

Title of Position

Location

This resignation/retirement should be accepted as my final notification to terminate my employment with Normandy Schools Collaborative. I understand it is my responsibility to turn in my keys, laptop (if applicable), phone, ID badge to my site administrator.

- ☐ My last day of work will be at the close of the school or business day on _____(mm/dd/yr)
- ☐ Date of employee last work day _____(mm/dd/yr)
- ☐ I have notified PEERS or PSRS regarding my retirement.

Additional comments from employee:

Employee/Supervisor Signature:

Date:

Print Name:

Address:

City

State

Zip

DOB:

Social Security Number (last four digits):

Phone Number: ()

Personal Email Address:

Distribution: Human Resources; Benefits Coordinator

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