



## RETIREMENT

Name: \_\_\_\_\_ Munis ID #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I, the undersigned, hereby submit my request for retirement from the Clarksville—Montgomery County Board of Education.

The last day I will work or be on paid leave is \_\_\_\_\_.

☐ I am retaining my coaching position.

☐ I am resigning my coaching position on the date above.

☐ I am resigning my coaching position on this date:

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Principal/Immediate Supervisor

\_\_\_\_\_  
Chief Human Resources Officer/Designee

Please complete the following information in order to facilitate the forwarding of appropriate information to you in the future:

\*Please note your **last paycheck will be mailed** to your address on file with CMCSS.

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### HR Use Only

Position Control \_\_\_\_\_ DOH \_\_\_\_\_ DOB \_\_\_\_\_ Years @ CMCSS \_\_\_\_\_

Address/Phone Verified \_\_\_\_\_ Keyed/Initials \_\_\_\_\_