



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: _____

HR Use Only

Position Control _____ DOH _____ DOB _____ Years @ CMCSS _____

Address/Phone Verified _____ Keyed/Initials _____