



Notice of Retirement/Resignation

Please complete all of the requested information. From time to time, it may be necessary to contact you regarding outstanding issues which may include your W2, benefits and/or pay. Be sure to include an alternate phone number, particularly if you are relocating. Your AACPS email will expire upon separation. Therefore, please provide an alternate email address for follow-up contact. Thank you!

Name		Job Title		Grade/Subject	
Work Location		Last day of employment		Employee ID	
Address where you can be contacted (Effective date: _____)			City		State
Phone		Alternate Phone		Personal Email	

If this is an end of year resignation, are you teaching Summer School? Yes No

Please check your reason for leaving AACPS:

I. **Retirement** [20] Service Ordinary Disability Accidental Disability

II. **Resignation**

A. Continuing in Teaching/Education (please specify where)

- Another country [41] _____
- Another state [42] _____
- Another MD district [43A] _____
- MSDE [43B]
- An administrative or supervisory position in MD [43D] _____
- MD college/university [44] _____
- Private school [45] _____

My primary reason for making this change is: (check one; if Other, specify)

- to be nearer home better salary better working conditions better position in terms of qualifications
- other: _____

B. Other Voluntary Resignation (check one and clarify where indicated)

- Government services [51] Business position [52] Defense work [53] Armed services [54]
- Marriage [63] Maternity [64] Personal illness [66]
- Further study at [61] _____
- Moving to [62] _____ because of _____
- Home responsibility [65]: _____
- Dissatisfaction with teaching as a profession because [67A]: _____
- Dissatisfaction with any present position or with the county school system because [67B]: _____
- Other [68]: _____

Signature	Date
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