



# RESIGNATION/RETIREMENT NOTICE

(Type) Name: \_\_\_\_\_ (Type) Position/Location: \_\_\_\_\_

**ALL RESIGNING/RETIRING EMPLOYEES ARE REQUIRED TO COMPLETE THIS FORM**

- ✓ Complete **Section 1** or **Section 2**
- ✓ Electronically sign and date
- ✓ Send the completed form to the Human Resources Department

1) Please accept my **voluntary resignation** as an employee of Lowndes County Schools. My resignation will be effective at the conclusion of my workday on \_\_\_\_\_.

**(Indicate below reason for resigning from current position)**

- Employment in another school system
- Other non-educational employment
- Relocation
- Personal, not work related

2) Please accept my **voluntary retirement** as an employee of Lowndes County Schools. My retirement will be effective at the end of my regularly scheduled workday on \_\_\_\_\_.

**Direct any subsequent communications to my attention at the following address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee Benefits** - If you participate in any employee benefit programs sponsored by Lowndes County Schools, contact Mrs. Teresa Wombles in the Human Resources Department within 10 workdays of the date of this notice for information about any post-employment coverage/benefit that may be available to you (pursuant to the provisions of the policies/programs) upon your separation.

**Teacher Retirement System or Public School Employees Retirement System** - If you participate in the Teacher Retirement System or Public School Employees Retirement System, contact Mrs. Geneasha McFarland in the Human Resources Department as soon as possible regarding your separation/retirement.

**Contact H.R. personnel at the central office: 229- 245-2250, Monday through Friday, 8:00 AM to 4:30 PM.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator/Director Signature

\_\_\_\_\_  
Date

**\*\*\*Human Resources Only\*\*\* Date received in HR Department: \_\_\_\_\_**