



Montgomery County
Public Schools

RESIGNATION/RETIREMENT FORM

I, _____ am writing this letter to serve as notification of my
(Full First Name, Middle Name, Last Name, Suffix)
resignation/retirement as a _____ at _____
(Position) (School or Department)
with the effective date of _____.
(Date of last day of work)

This request is for the following reason(s). Check all that apply:

- | | | |
|---|--|----------------------|
| Other employment outside MCPS <i>(check if either applies):</i> | <i>Better Benefits</i> | <i>Higher Salary</i> |
| Accept another teaching position <i>(within MCPS)</i> | Accept administrative position <i>(within MCPS)</i> | |
| Marriage | Maternity | |
| Continuing education | Retirement <i>(check here if you would like to substitute)</i> | |
| Military service | Personal relocation | |
| Transfer of spouse | | |
| Other _____ | | |

(Print full legal name) (Signature) (Date)

We would appreciate your taking the time to complete the Exit Survey below (if unable to link to the exit survey, please paste the link into your web browser to be directed to the exit survey powered by Survey Monkey). The information that you provide in this survey helps us progress as an organization and improve our relationships with our employees by targeting specific areas of concern. This is a voluntary survey.

<https://www.surveymonkey.com/r/MCPSExitSurvey>

REV: 11/2017