



Request for Termination of Employment

Procedure: Please complete this form and forward it to the Department of Human Resources for approval.

Please consider this as my request to ___ **Retire** or ___ **Resign** from my position with Manassas City Public Schools for the following reasons:

- Accepted a position with another school division
Please specify new school division: _____
Please provide new position title: _____
- Spousal Transfer
- Relocating
- Medical Reasons
 - Personal illness*
 - Family illness*
- Continuing Education
- Employment other than a school division
- Higher salary/better benefits
- Military Service
- Family reasons other than medical
- Retirement
- Other, *please specify:* _____

Please provide a **personal email** for future correspondence: _____

If approved, my retirement/resignation will become effective at the **end of the work day** on _____
Date

Print Employee Name

Employee Title/Position

Employee Signature

Date

Supervisor Signature & Date

Location/Department

Department of Human Resources Use Only:

Request Approved: _____

Request effective at the end of the work day: _____

Request Not Approved: _____

Reason for non-approval: _____

Signature, Executive Director of Human Resources

Date