

**EMPLOYEE INFORMATION**

Employee \_\_\_\_\_  
Last First Middle

ID# 0 0 0 0 \_\_\_\_\_ Type of Employee (✓):  Permanent  Temporary  Substitute

School/Location \_\_\_\_\_ Position \_\_\_\_\_ Dept. \_\_\_\_\_

Last Day of Work \_\_\_\_/\_\_\_\_/\_\_\_\_ Resignation Effective Date (If on leave) \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_

Forwarding Address (If different from current address) \_\_\_\_\_

*If address will change after employment, please use MCPS Form 445-1 to update address.*

Effective date for new address \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Telephone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work Telephone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**REASON FOR RESIGNATION**

Academic Study

Home Responsibilities

Military Service

Relocation

Retirement

Accepted position in:

Other MD County

Non-Public School

Private Business

Federal Government

MSDE

Higher Ed

Other (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will comply with checkout procedures at my school/office and will return all MCPS property.

\_\_\_\_\_  
Signature, Employee Date

**HUMAN RESOURCES USE ONLY**

Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ FTE \_\_\_\_/\_\_\_\_/\_\_\_\_ POS # \_\_\_\_\_

Effective Date of Termination \_\_\_\_/\_\_\_\_/\_\_\_\_

Rehire: Yes  No  Prejudice: W/out  With

Termination Reason (From approved list) \_\_\_\_\_

Processed by:

\_\_\_\_\_  
Signature, HR Staff Date

Approved by:

\_\_\_\_\_  
Signature, Director Date