Notice of Retirement

Name:		Date of Birth:
Address:		
City:	State:	ZIP Code:
Home phone:	Home Email:	
Please accept this notice of retirement as a certificated employee of Metro Nashville Public Schools. I understand that my supervisor will receive a copy of this retirement notice upon submission.		
LAST DAY WORKED:		
DATE OF RETIREMENT:		
☐ Day after last day paid ☐ 60 th Birthday ☐ 55 th Birthday	☐ Other	
TYPE OF RETIREMENT:		
☐ Normal Service ☐ Early Service ☐ Disability	□ Deferred	
YEARS OF SERVICE: (Approximate years of service in Metro Nashville Public Schools):		
To qualify for both the \$500 Early Notification Incentive and the enhanced daily rate for MNPS-accrued sick leave, this retirement notice must be submitted to Employee Benefit Services no later than the last business day in February of the intended retirement year. Additionally, the employee must remain actively employed through the conclusion of their contract school year.		
I understand that if I choose to revoke or rescind this notice more than three business days after submission, I will permanently forfeit eligibility for both the \$500 bonus and the enhanced sick leave payout rate. By submitting this retirement notice, I acknowledge that my current position will be vacated on the specified retirement date. While I retain the right to revoke this notice, I understand that doing so will result in placement on the displaced list, requiring me to apply and interview for rehire. Rehire is not guaranteed and may not result in a return to my current position or school.		
I have read the above statement. Initial & date:		
Signature: Dat	e:	
School name/department:		
Supervisor name:		
Please return to: Employee Benefit Services Metro Nashville Public Schools, 2601 Bransford Avenue, Nashville, TN 37204 Fax: 615-214-8665 Email: Julie.Fulcher@mnps.org (or) Email: Jamie.Brown@mnps.org		
Employee Benefits:	Date processed:	

(Appointment will be set for you to come in and sign all paperwork here at the Support Hub)