

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. The details of my request are:

LAST DAY WORKED: _____

DATE OF RETIREMENT:

Day after last day paid 60th birthday 55th birthday Other _____

TYPE OF RETIREMENT:

Normal Service Early Service Disability Deferred

APPROXIMATE YEARS OF SERVICE WITH MNPS: _____

This notice must be submitted to Employee Benefit Services **no later than the last business day in February** to receive both the \$500 Early Notification Incentive and higher daily rate for MNPS accrued sick leave. I understand that if I revoke or rescind my notice of intent to retire more than three business days after submitting this notice, I **forever waive** my right to receive payment for both the \$500 Early Notification Incentive and the higher daily rates for MNPS accrued sick leave.

I have read the above statement. Initial & date: _____

Signature: _____ Date: _____

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 Email: Jamie.Brown@mnps.org

For office use only:

Employee Benefits: _____ Date processed: _____

An appointment will be set for you to come in and sign all paperwork at Central Office.