



# Resignation/Retirement Notification

**DATE:** \_\_\_\_\_

**TO:** Director of Human Resources

**FROM:** \_\_\_\_\_

**SCHOOL OR DEPARTMENT:** \_\_\_\_\_

**RE:** Work Status

Please accept this as my official **resignation** effective at the close of the business day \_\_\_\_\_. Fifty-two week employees will be paid for any unused vacation days. Date should be last anticipated work day. I understand that by resigning, Fort Wayne Community Schools has no obligation to transfer me to another position within the school system, and I have no rights to benefits except those required by law and/or by the appropriate contract/policy agreement.

Please accept this as my official request to leave my current position as \_\_\_\_\_ with Fort Wayne Community Schools.

I understand that FWCS is not obligated to return me to my original position, which I am voluntarily leaving.

I wish to maintain my employment with Fort Wayne Community Schools as a substitute where appropriate. I understand that leaving my current position and/or requesting substitute status cannot be used to avoid disciplinary actions.

I wish to maintain my current position as \_\_\_\_\_.

Please accept this as my official **retirement** effective at the close of the business day on \_\_\_\_\_. Fifty-two week employees will be paid for any unused vacation days. Date should be last anticipated work day. I would request all benefits due me under the law and/or by appropriate contract/policy agreement of which I may be a member.

Accept this as my request to be considered as a potential substitute as \_\_\_\_\_.

Date of license expiration (if required): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**For office use only**

Eligible for re-employment: \_\_\_\_\_  
Eligible for substitute status: \_\_\_\_\_

Manager, Employee Relations: \_\_\_\_\_  
Manager, Certified/Classified: \_\_\_\_\_