

INTENT TO RESIGN OR RETIRE

Name: _____ Date: _____

Please complete all the following information:

I wish to resign/retire as an employee of Cumberland County Schools effective _____

Job title: _____

Work location: _____

If moving, please provide new address: _____

Social security number: _____ Phone number: _____

Signature: _____

Current address: _____

Health insurance information: _____ Family Single

Comments: