

SCHOOL BOARD
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Request for Termination of Employment Procedure

Please complete this form and forward it to the Department of Human Resources for approval.

Please consider this as my request to ___ Retire or ___ Resign from my position with Manassas City Public

Schools for the following reasons:

___ Accepted a position with another school division

Please specify new school division: _____

Please provide new position title: _____

___ Spousal Transfer

___ Relocating

___ Medical Reasons

___ Personal illness

___ Family illness

___ Continuing Education

___ Employment other than a school division

___ Higher salary/better benefits

___ Military Service

___ Family reasons other than medical

___ Retirement

___ Other, please specify: _____

If approved, my retirement/resignation will become effective at the end of the work day on _____.

Date

Print Employee Name Employee Title/Position

Employee Signature _____

Date _____

Supervisor Signature & Date Location

Department Department of Human Resources Use Only:

Request Approved: _____

Request effective at the end of the work day: _____

Request Not Approved: _____

Reason for non-approval: _____

Human Resources Signature:

Date:

