

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. 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

YEARS OF SERVICE:

Approximate years of service in the Metro Nashville School System: _____

This notice must be submitted to Employee Benefit Services **no later than the last business day in February** in order 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: _____

Please return to:

Mail: Metro Nashville Public Schools, Employee Benefit Services, 2601 Bransford Avenue,
Nashville, TN 37204

Fax: 615-214-8665

Email: Julie.Fulcher@mnps.org or Jamie.Brown@mnps.org

Employee Benefits: _____ Date processed: _____