



NOTIFICATION OF RESIGNATION OR RETIREMENT

(Refer to regulation 4291)

DEPARTMENT OF HUMAN RESOURCES
8115 Gatehouse Road, Falls Church, VA 22042
571-423-3000

This should be used as an official resignation or retirement notice when you are leaving FCPS employment.

EMPLOYEE RESPONSIBILITIES:

- 1) If you are applying for retirement, contact your retirement system prior to submitting this form.
 - Virginia Retirement System (VRS): 888-827-3847
 - Educational Employees Supplemental Retirement System of Fairfax County (ERFC): 703-426-3900
 - Fairfax Supplementary Retirement System (FCERS): 703-279-8200
- 2) Complete Section 1 and submit form to your Principal or Program Manager for signature.

PRINCIPAL OR PROGRAM MANAGER RESPONSIBILITIES:

- 1) If necessary, complete any areas in Section 1 on behalf of the employee.
- 2) Complete Section 2 and make a copy of the HR-2 for the employee.
 - If the employee is retiring from VRS and/or ERFC, email the completed form to ERFCRetirement@fcps.edu.
 - If the employee is retiring or resigning from FCERS, mail the completed HR-2 by Pony to HR- Talent Acquisition & Management (TAM).

Section 1: Employee Completes This Section									
Type of Separation <input type="checkbox"/> Resignation <i>OR</i> <input type="checkbox"/> Retirement <input type="checkbox"/> VRS <input type="checkbox"/> ERFC <input type="checkbox"/> FCERS						Last Work or Separation Day (mm/dd/yyyy)			
Employee Name (First, Middle, Last)				Employee Identification Number					
Street Address		City		State		Zip Code			
Home Phone		Other Phone		Personal Email*					
Job Title(s)				Work Location(s)					
Please provide an explanation for resignation									
*The personal email address collected may be used by FCPS for post-employment communication, including but not limited to, a confidential employment exit survey. FCPS will not share this information with outside third-parties or other organizations.									
Employee's Signature (Principal or Program Manager In Absence of Employee)						Date			
Section 2: Principal or Program Manager Complete This Section									
Comments									
Principal or Program Manager Signature						Date			
Section 3: Department of Human Resources Use Only									
<input type="checkbox"/>	ABANDON	<input type="checkbox"/>	LOANORS	<input type="checkbox"/>	ONEYEAR	<input type="checkbox"/>	RIFREFP	<input type="checkbox"/>	DISOTHER
<input type="checkbox"/>	DEATH	<input type="checkbox"/>	LTD	<input type="checkbox"/>	PRJUDCE	<input type="checkbox"/>	STNDSAP	<input type="checkbox"/>	DISPERF
<input type="checkbox"/>	DSPNRCL	<input type="checkbox"/>	NOFP	<input type="checkbox"/>	REFCOV	<input type="checkbox"/>	STNDSDR	<input type="checkbox"/>	RESIGN
<input type="checkbox"/>	DSPRCL	<input type="checkbox"/>	NOI9	<input type="checkbox"/>	REFRECL	<input type="checkbox"/>	STNDSMD	<input type="checkbox"/>	
<input type="checkbox"/>	HRLYEE	<input type="checkbox"/>	NOSHOW	<input type="checkbox"/>	RIFNRCL	<input type="checkbox"/>	WC	<input type="checkbox"/>	
<input type="checkbox"/>	INSUFFN	<input type="checkbox"/>	NRCERT	<input type="checkbox"/>	RIFRCL	<input type="checkbox"/>	SEEFILE	<input type="checkbox"/>	
Comments									
Signature			Date			Processor Initials		Processed Date	