



# 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) and Educational Employees Supplemental Retirement System of Fairfax County (ERFC) employees should call 703-426-3900
  - Fairfax Supplementary Retirement System (FCERS) employees should call 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 ERFC/VRS, send the completed HR-2 in the PONY to ERFC at Forbes Place. If the employee is retiring from FCERS or resigning, send the completed HR-2 in the PONY to HR-Talent Acquisition & Management.

Section 1: Employee Completes This Section									
Type of Separation <input type="checkbox"/> Resignation <i>OR</i> <input type="checkbox"/> Retirement			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									
<b>*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.</b>									
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	