

EMPLOYEE INFORMATION

Employee _____
Last First Middle

ID# 0 0 0 0 _____ Type of Employee: Permanent Temporary Substitute

School/Location _____ Position _____ Dept. _____

Last Day of Work ____/____/____ Resignation Effective Date (If on leave) ____/____/____

Current Address _____

Forwarding Address (If different from current address) _____

If address will change after employment, please use [MCPS Form 445-1, Change in Personal Information](#) to update address.

Effective date for new address ____/____/____

Home Telephone _____-_____-_____ Work Telephone _____-_____-_____

REASON FOR SEPARATION/TERMINATION

Academic Study Home Responsibilities Military Service

Relocation Retirement

Accepted position in:

Other MD County Non-Public School Private Business

Federal Government MSDE Higher Ed

Other (please explain) _____

I will comply with checkout procedures at my school/office and will return all MCPS property.

_____/_____/_____
Signature, Employee Date

HUMAN RESOURCES AND DEVELOPMENT USE ONLY

Hire Date ____/____/____ FTE ____/____/____ POS # _____

Effective Date of Separation/Termination ____/____/____ Breach of Contract Yes No

Rehire: Yes After satisfactory evaluation and 3 years successful teaching experience (if applicable) No

Separation/Termination Reason (From approved list) _____

Processed by:

_____/_____/_____
Signature, OHRD Staff Date

Approved by:

_____/_____/_____
Signature, Director Date