Employment Status Change Form

Human Resources Department

Employee must complete Sections 1 and 2 and return this form to **HREmployeeRelations@fcps.org**

Section 1: EMPLOYEE:

Last Name:	**First Name:**	**Employee ID:**
Work Location:	**Job Title:**	**Phone:**
Date Submitted:	**Work Email:**	**Personal Email:**

Employee's Signature:

Section 2: EMPLOYEE

Retirement

Regular Retirement ☐   Disability Retirement ☐   Early Retirement ☐

Spoken with FCPS Retirement Coordinator: Yes ☐   No ☐

Unpaid Extended Leave of Absence (Documentation must be included with this form at the time of submission.)

☐	**Exchange Teaching**	Letter of Acceptance from Educational Institution
☐	**Higher Education Teaching**	Letter of Acceptance from Educational Institution
☐	**Study**	Letter of Acceptance from Educational Institution
☐	**Personal Illness (non-FMLA)**	Documentation from Health Care Provider
☐	**Medical Caregiver (non-FMLA)**	Documentation from Health Care Provider
☐	**Parental Leave (non-FMLA)**	Explanation of Request
☐	**Military**	Department of Defense Orders
☐	**Peace Corps, VISTA, or National Teacher Corps**	Letter of Acceptance from Organization
☐	**Association Leave**	Explanation of Request
☐	**Public Office**	Explanation of Request
☐	**Other**	Explanation of Request

New Request ☐   Extension Request ☐   Return Request ☐

Resignation (Select a Reason):

Work in Education	Work Other Than Education	Other Reasons for Resignation
☐ **(41) Other country (specify)** _____	☐ **(51) Government services**	☐ **(61) Study**
☐ **(42) Other state (specify)** _____	☐ **(52) Business**	☐ **(62) Move**
☐ **(43) Another MD county (specify) or MSDE** _____	☐ **(53) Defense work**	☐ **(63) Marriage**
Is new position administrative or supervisory? _____	☐ **(54) Armed Services**	☐ **(64) Maternity/paternity/adoption**
☐ **(44) MD college or university (specify)** _____		☐ **(65) Home responsibility**
☐ **(45) Non-public school (specify)** _____		☐ **(66) Personal illness**
		☐ **(67) Dissatisfaction with teaching**
		☐ **(68) Other**
		☐ **(69) Cause unknown**

Effective Date:

Section 3: HUMAN RESOURCES DEPARTMENT

Signature: **Date:**

☐ **Approved**   ☐ **Not Approved**   ☐ **Separation with Prejudice**   ☐ **Separation without Prejudice**

NOTES:

Changes to contact information are the responsibility of the employee. Updates to address, phone, and email information can be made in PeopleSoft using the "Employee Self-Service" feature.