

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			Employee Exit Checklist
Regular Retirement <input type="checkbox"/>	Disability Retirement <input type="checkbox"/>	Early Retirement <input type="checkbox"/>	
Spoken with FCPS Retirement Coordinator:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Unpaid Extended Leave of Absence (Documentation must be included with this form at the time of submission.)			
<input type="checkbox"/>	Exchange Teaching	Letter of Acceptance from Educational Institution	
<input type="checkbox"/>	Higher Education Teaching	Letter of Acceptance from Educational Institution	
<input type="checkbox"/>	Study	Letter of Acceptance from Educational Institution	
<input type="checkbox"/>	Personal Illness (non-FMLA)	Documentation from Health Care Provider	
<input type="checkbox"/>	Medical Caregiver (non-FMLA)	Documentation from Health Care Provider	
<input type="checkbox"/>	Parental Leave (non-FMLA)	Explanation of Request	
<input type="checkbox"/>	Military	Department of Defense Orders	
<input type="checkbox"/>	Peace Corps, VISTA, or National Teacher Corps	Letter of Acceptance from Organization	
<input type="checkbox"/>	Association Leave	Explanation of Request	
<input type="checkbox"/>	Public Office	Explanation of Request	
<input type="checkbox"/>	Other	Explanation of Request	
New Request <input type="checkbox"/>	Extension Request <input type="checkbox"/>	Return Request <input type="checkbox"/>	
Resignation (Select a Reason):			Employee Exit Checklist
Work in Education	Work Other Than Education	Other Reasons for Resignation	
<input type="checkbox"/> (41) Other country (specify) _____	<input type="checkbox"/> (51) Government services	<input type="checkbox"/> (61) Study	
<input type="checkbox"/> (42) Other state (specify) _____	<input type="checkbox"/> (52) Business	<input type="checkbox"/> (62) Move	
<input type="checkbox"/> (43) Another MD county (specify) or MSDE _____	<input type="checkbox"/> (53) Defense work	<input type="checkbox"/> (63) Marriage	
Is new position administrative or supervisory? _____	<input type="checkbox"/> (54) Armed Services	<input type="checkbox"/> (64) Maternity/paternity/adoption	
<input type="checkbox"/> (44) MD college or university (specify) _____		<input type="checkbox"/> (65) Home responsibility	
<input type="checkbox"/> (45) Non-public school (specify) _____		<input type="checkbox"/> (66) Personal illness	
		<input type="checkbox"/> (67) Dissatisfaction with teaching	
		<input type="checkbox"/> (68) Other	
		<input type="checkbox"/> (69) Cause unknown	
Effective Date:			
Section 3: HUMAN RESOURCES DEPARTMENT			
Signature:			Date:
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Separation with Prejudice	<input type="checkbox"/> 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.