

Employment Status Change Form

FCPS Form 003-F33

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:		Additional Jobs:
Phone:	Work Email:		Personal Email:	
Employee's Signature:			Date Submitted:	
Section 2: EMPLOYEE				
Retirement				
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		Return Request
Resignation (Select a Reason):				
<u>Work in Education</u> <input type="checkbox"/> (41) Other country (specify) _____ <input type="checkbox"/> (42) Other state (specify) _____ <input type="checkbox"/> (43) Another MD county (specify) or MSDE _____ Is new position administrative or supervisory? _____ <input type="checkbox"/> (44) MD college or university (specify) _____ <input type="checkbox"/> (45) Non-public school (specify) _____		<u>Work Other Than Education</u> <input type="checkbox"/> (51) Government services <input type="checkbox"/> (52) Business <input type="checkbox"/> (53) Defense work <input type="checkbox"/> (54) Armed Services		<u>Other Reasons for Resignation</u> <input type="checkbox"/> (61) Study <input type="checkbox"/> (62) Move <input type="checkbox"/> (63) Marriage <input type="checkbox"/> (64) Maternity/paternity/adoption <input type="checkbox"/> (65) Home responsibility <input type="checkbox"/> (66) Personal illness <input type="checkbox"/> (67) Dissatisfaction with teaching <input type="checkbox"/> (68) Other <input type="checkbox"/> (69) Cause unknown
Last Workday :		Effective Date (1 day after last workday):		
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.