



**Baltimore County Public Schools
 Department of Human Resources
 6901 Charles Street
 Towson, Maryland 21204**

RESIGNATION FORM

Section 1	Personal Information		
<i>Instructions: Please complete the information below and submit to the Department of Human Resources.</i>			
Last Name:		First Name:	Middle Initial:
Employee ID Number:		Job Title:	
Social Security Number: xxx-xx-			
School/Office:			
Last day of work: Resignation effective date: (if on leave.)			
Reason for Resignation			
<p>I will be resigning from Baltimore County Public Schools for the primary reason noted below (choose primary reason):</p> <ul style="list-style-type: none"> Accepted Other Position Continuing Education Dissatisfied with position Home Responsibility Military Service Personal Illness Relocation Resign from Leave – Type: Seek Other Employment Other: Applying for Retirement (subject to approval by appropriate retirement system)* <ul style="list-style-type: none"> Regular Service Retirement Disability Retirement <p>Retirement System: Maryland State Retirement Agency (MSRA) Baltimore County Employees’ Retirement System (ERS)</p> <p><i>*Important: It is the responsibility of the employee to determine if he/she is eligible to apply for retirement by contacting the appropriate retirement system of which he/she is member. As noted in Rule 4202, the retirement agency administers all benefits provided under the pension plan and will determine creditable service of its members.</i></p> <p align="center">Maryland State Retirement Agency: 410-625-5555 Baltimore County Employees’ Retirement System (ERS): 410-887-3132</p> <p>By signing below, I agree to comply with checkout procedures at my school/office and to return all BCPS property. In accordance with Superintendent’s Rule 3710, <i>Identification Badges</i>, Section III, I will return my identification badge to my supervisor prior to leaving the school system.</p> <p>Employee comments:</p> <p>Print Name: _____</p> <p>Employee Signature: _____ Date: _____</p> <p>Administrator/Supervisor’s Name: _____</p>			

Once the form is completed, print, sign and date the form. Return to Human Resources, Greenwood Building E by interoffice mail, by scanning and emailing to Resignbcps@bcps.org, or send by U.S. mail to the address on the top of the form.