

POSITION EXIT QUESTIONNAIRE

Name: _____ S.S.N.: _____

Location: _____ Position: _____ Supervisor: _____

I hereby resign from my present position listed above. My termination date should be _____.
My reason(s) for leaving is/are: (Please attach sheet(s) or continued on the back of this page if additional space is required.)

FORWARDING ADDRESS (For the purposes of delivering final pay and/or tax related forms):

Name: _____
Street / P.O. Box: _____
City, State, Zip: _____

I understand that as a member of the Teachers Retirement System of Georgia or Public School Employees Retirement System, I may withdraw my accumulated contributions and interest from my retirement account. These forms are available in the Human Resources Department. I also understand that if I am a member of Teachers Retirement System of Georgia, I may elect to roll my accumulated contributions and interest from my retirement account to an IRA or another eligible plan. I understand it will take four to six weeks to receive my refund once my request for withdrawal of funds is received by the appropriate retirement system.

I also understand that, if I am retiring, I need to make an appointment with the Human Resource Services (431-1261) to receive and complete the appropriate retirement forms. Retirement applications can not be accepted in advance of 90 days of the effective date of retirement and must be received by the appropriate retirement system no later than the last day of the month in which your retirement is to be effective.

Once my termination has been processed, I will receive a Separation Notice from Human Resources and information from the Benefits office regarding continuation of insurance, if applicable. I may contact Benefits (431-1260) for more information regarding insurance.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

Comments:

COPY TO: R.E. HARRINGTON, PAYROLL CLERK, BENEFITS CLERK, SUPERINTENDENT'S OFFICE, EMPLOYEE