



RETIREMENT FORM

This form must be completed by the employee and provided to your Principal/Supervisor for signature and then sent to the HR department for processing.

Name _____ Employee Number _____

Position _____ School/Department _____

Please accept my letter of commitment to retire at the end of the workday on _____.

I acknowledge that I have reviewed and understand all county requirements to determine if I am eligible for retirement benefits. I understand this letter cannot be rescinded without express approval of the Superintendent or his/her designee.

Address: _____
Street City State Zip

Personal Email Address: _____

Your WCS email account will be disabled at the end of business of your retirement date. Please provide an alternate e-mail address & updated contact information to receive your final pay stub and for exit communication.

Please initial: _____ I understand that I am required to return all WCS property (Laptop, keys, etc.) at the end of my last day with WCS.

Please initial: _____ If my hire date was prior to July 1, 2009, I understand that I need to contact the Benefits Department for continuation of my medical benefits if eligible.

Please initial: _____ If your hire date was prior to July 1, 2009, and you previously resigned with WCS as a benefits eligible employee but will be retiring from TCRS at this time.

I would like to continue in a position with WCS after my retirement: Yes No

(Additional information may be required)

If yes, what position? Retiree (70%) Part-time Retiree (120 day): _____
(Educators/Bus Drivers only) (Substitute Teacher, Bus Driver, Supplement, etc.)

*I understand if I choose to return as a part-time, 120-day retiree that it is my responsibility to annually track my compensation limits across all accepted roles with WCS, allowed per TCRS.

Please read below if continuing a position with Williamson County Schools

If I elect to return in a part-time status, I understand that per TCRS I must retire with WCS and serve the 60-day waiting period before I am eligible to be rehired as a retiree as noted in T.C.A. 8-36-805. I also understand that it is my responsibility to track my time worked to ensure I do not exceed 120 days in a one-year period. A copy of the 120-day TCRS Temporary Employment Report will need to be completed and returned to the WCS Retirement Manager, Carrie Vitucci at carrie.vitucci@wcs.edu. A copy of the form may be found [here](#).

If I elect to return in a 70% educator role or bus driver with WCS, it is my responsibility to contact the WCS Retirement Manager to ensure I have met all retiree requirements with WCS and to understand any effects on my benefits as a retiree.

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____