

Employment Status Change Form

Human Resources Department

Employee complete Sections 1 and 2 and return this form to HREmployeeRelations@fcps.org

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|--|---|---|---|
| Section 1: EMPLOYEE: | | | |
| Last Name: | First Name: | Employee ID: | |
| Work Location: | Job Title: | Phone: | |
| Work Email: | | Personal Email: | |
| Signature: | | | Date: |
| Section 2: EMPLOYEE: Check the type of personnel action requested and provide documentation, as required. | | | |
| Retirement (Select the appropriate type of retirement.) | | | |
| Regular Retirement <input type="checkbox"/> | | Disability Retirement <input type="checkbox"/> | |
| | | Early Retirement <input type="checkbox"/> | |
| Effective Date: | | 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) | Certification from Health Care Provider | |
| <input type="checkbox"/> | Medical Caregiver (non-FMLA) | Certification from Health Care Provider | |
| <input type="checkbox"/> | Parental Leave (non-FMLA) | Primary Caregiver Affidavit | |
| <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"/> | |
| | | Effective Date: | |
| Resignation (Check all that apply.) | | | |
| 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 | | | |
| Name (Print): | | Title: | |
| Signature: | | | Date: |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | <input type="checkbox"/> Other | 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.