



JACKSON COUNTY PUBLIC SCHOOLS

398 Hospital Road, Sylva, North Carolina 28779

Phone (828) 586-2311 Fax (828) 586-5450

Employee Retirement Form

Employee Name: _____

Job Title(s): _____

Location(s): _____

I am retiring from Jackson County Public Schools. My anticipated last day of work will be: ____/____/____.

*Please note that all employees are required to schedule a retirement appointment with Jenni Clawson. You will need to bring this form with you to that appointment. Please contact her at jclawson@jcpsmail.org or (828)586-2311 x 1958 for scheduling.

Employee Signature: _____ Date: ____/____/____

HR Director Signature: _____ Date: ____/____/____

Superintendent Signature: _____ Date: ____/____/____

Benefits Specialist Use Only:

Official Last Day: ____/____/____

Retirement Date: ____/____/____

Status Reason (check one):

Retired with **FULL** or **REDUCED** benefits

Initial: _____

Date: ____/____/____

HR Coordinator Use Only:

Staff Action

Initial: _____

Date: ____/____/____

*HR upload copy to **Document Cabinet** in **Staff Action** and place **Original** copy in **Personnel File**

*Benefits keep **COPY** and give **ORIGINAL** to HR

*HR scans a copy to **Payroll** via email for Staff Action verification.