

Date: _____

Name: _____

(Please Print)

Social Security #: _____

I plan to **Retire/Resign** of my own free will, from my position as _____
(circle one)

at _____ School.

MY LAST DAY TO WORK WILL BE: _____

REASON FOR LEAVING: _____ (write in number from list below)

Support Staff

1. Closer to home & Family
2. Education
3. Health or Family
4. Leaving education field
5. LOA
6. Other employment
7. Moving or spouse
8. Personal reasons
9. Resigned by mutual consent
10. Retire
11. Other _____

Certified Staff

1. Leaving NM to teach in other state
2. Leaving field-not retiring
3. Teach in NM private
4. Teach in other NM public school
5. Non-teaching position in district
6. Retire
7. Personal reasons
8. Other _____

Current mailing address: _____

In January please mail my W-2 to the following address:

Signature: _____

Return to: Rhonda Roberts, Executive Director of Personnel
Clovis Municipal Schools
P.O. Box 19000
Clovis, New Mexico 88102-9000