



SERVICE OR EARLY RETIREMENT NOTIFICATION

Legacy MCS Employee Legacy SCS Employee SCS Employee

Name: _____ SSN: _____-_____-_____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell Phone: _____ Personal Email: _____

Work Location: _____ Position: _____

Retirement Effective Date (required – LAST DAY WORKED): _____

Please read the following information carefully, providing your signature below certifies that you have read and clearly understand the following:

- I MUST meet one of the retirement qualifications below to be eligible to retire:
 - Full retirement – 60 years old with 5 years of service (vested) OR 30 years of service
 - Early retirement – 55 years old with 5 years of service (vested) OR 25 – 29 years of service
 - Disability retirement – 5 years of service (vested) or approved accident on the job
 (Please note: you must be on an approved LOA to continue health insurance – if you meet the qualifications)
- If this Retirement Notification is submitted but I DO NOT meet the above qualifications, I understand that this form may be processed as a resignation.
- I have contacted Tennessee Consolidated Retirement System at 1-800-922-7772 to check my eligibility for retirement.
- I have requested an estimate of my retirement benefits from Tennessee Consolidated Retirement System or I have calculated my benefits by accessing the TCRS Benefits Calculator at www.treasury.tn.gov/tcrs.
- Teachers shall give a written notice of retirement at least thirty (30) days before the effective date of retirement to remain in good standing.
- Once this form is submitted, I understand that I must go through a process to rescind my application and that my information has to be approved by Human Resources. This includes cancelling retirement and/or changing my date of retirement (requests to rescind are not automatically approved).
- In order to have my retirement application processed completely and in a timely manner, I MUST complete and submit this form as well as the Application for Service or Early Retirement Benefits (both forms should be submitted at the same time).

Employee Signature (required): _____

Date: _____

Supervisor Signature (required): _____

Date: _____

PLEASE SUBMIT RETIREMENT INFORMATION TO:

Shelby County Schools
 160 S. Hollywood St., Barnes Building - **ROOM 108**
 Memphis, TN 38112-4892
Office of Benefits & Retirement

OFFICE: (901) 416-5344 or 416-5464 **FAX:** (901) 416-6463