

**WASHINGTON COUNTY  
DEPARTMENT OF EDUCATION**

**NOTIFICATION OF INTENT TO RETIRE**

Date submitted \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_

Intended Retirement Date \_\_\_\_\_

Estimated Years of Experience \_\_\_\_\_

**Please Note: All retirement forms are available in the Washington County Department of Education Accounting Department. Retirement plans are not considered to be final until you have completed all paperwork with the Tennessee Consolidated Retirement System.**

Employee Signature \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Signature

Date

**If you do not receive confirmation of this notice within ten (10) working days, please notify the Superintendent.**