



**REQUEST TO RESCIND
RESIGNATION/RETIREMENT APPLICATION**

Regular Retirement Disability Retirement Resignation

Name: _____ Race: _____

Sex: Male Female Social Security Number: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Work Location: _____ Loc. Code: _____

Position: _____ Grade: _____ Subject(s): _____

Effective Date of Original Proposed Retirement/Resignation _____

Reason for request to Rescind Retirement/Resignation:

**NOTE: This request must be approved by the Director of
Human Resources (or designee)**

Employee Signature

Date

For Internal Use Only

Approved

Denied

HR Director/Designee Signature

Date

PLEASE RETURN REQUEST TO RESCIND FORM TO:

Human Resources, Barnes Room 211 or email
HRInstructionalStaffing@scsk12.org

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