



**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.
- 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 and other Benefit required documents.

Employee Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SUBMIT RETIREMENT INFORMATION TO:**

Memphis-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