

Workers' Compensation Commission

NOTICE OF RESIGNATION

Name _____ SSN (LAST 4 DIGITS) _____

Department _____

I wish to resign my position for the following reason(s):

- Other Employment Disability Retirement
 Personal Reasons Relocation
 Regular Retirement Other (specify): _____

The effective date of my resignation will be _____, 20__ at _____ AM/PM.

- I request that I be paid for annual leave.
 I request that my annual and sick leave be transferred to the following agency:

 I request that my sick leave be transferred to the following school district:

 I wish to withdraw my retirement contributions. Attached is a completed Form (4101), **South Carolina Retirement Systems Refund Request** and a legible copy of my Driver's License or Special Identification Card issued by the SC Department of Public Safety.
 If eligible, I wish to convert Basic Life, Optional Life, Dependent Life/Spouse and/or Dependent Life/child coverage to an individual policy with MetLife. Please list which policies you wish to convert: _____
 I do not wish to withdraw my retirement contributions at this time.

If relocating, please provide new mailing address:

Street _____ City _____ State _____ Zip Code _____

Employee Signature

Date