Please note the normal notice periods for any resignation are applicable to retirement. This form should be completed and sent to your Manager/Headteacher.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | | | |
| Name | |  | | | | | | |
| Employee number | |  | Job title | | |  | | |
| I would like to resign from Falkirk Council by reason of retirement with effect from: | | | | | | | | |
| I am a member of the Local Government Pension Scheme | | | | Yes/ No | | | | |
| I am a member of the Scottish Teachers Pension Scheme | | | | Yes/ No | | | | |
| Signed |  | | | | Date | |  |