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 |  |