

**MONTGOMERY COUNTY PUBLIC SCHOOLS**

## Addendum to Application for Retirement/ Notice of Separation Resolution of Financial Obligation to MCPS

Employee and Retiree Service Center (ERSC) • Rockville, Maryland  
MONTGOMERY COUNTY PUBLIC SCHOOLS

**INSTRUCTIONS**

Complete, sign electronically or manually, and return to the Employee and Retiree Service Center (ERSC). You may fax the signed form to 301-279-3651 or 301-279-3642, or email a PDF of the signed form to [ERSC@mcpsmd.org](mailto:ERSC@mcpsmd.org).

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Retirement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Resignation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If your financial obligation to MCPS is a result of salary overpayment, excess leave usage (negative earned leave), or an outstanding invoice for benefits, this liability will be reduced from your

- » upcoming paycheck(s)
- » pension refund or rollover check at separation of employment(resignation)
- » monthly pension payment from Maryland State Teacher's Pension system or MCPS core and/or supplement pension
- » Leave payout at separation of employment or retirement

**Rescinding Your Retirement**

You are only eligible for consideration to rescind your retirement if you have not received your first pension check. Your request to rescind your retirement and return to work in MCPS will be evaluated based on your current certification, skills, and/or experience, critical need of the employment area, as well as the availability of a vacant position. **Returning to MCPS as an employee, is not guaranteed and the position you currently occupy may no longer be available.**

You may contact ERSC at 301-517-8100 or via email should you need to rescind the application.

**AUTHORIZATION AND ACKNOWLEDGEMENT**

I hereby authorize MCPS to reduce my financial obligation from any payment disbursed to me as indicated above. I acknowledge that should my payment(s) indicated above be insufficient to satisfy my financial obligation to MCPS, then I will be billed for the excess amount and I am responsible to pay this amount by the due date provided on the invoice. I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_