



**CAMPBELL COUNTY SCHOOLS
EMPLOYMENT RESIGNATION**

TO: **Superintendent
Campbell County Schools
101 Orchard Lane, KY 41001**

ATTN: Human Resources
Administrator/Supervisor

I, _____, hereby resign my position as a _____
(print name) (position)
at _____.
(location/school)

I also hold the following position(s) that I am resigning from: _____

Resignation Date: _____

Retirement Date: (if applicable) _____

My reason for resigning other than retirement is: _____

I may be contacted at: (address): _____

Phone # _____

Personal Email Address _____

Signature: _____

Date: _____

****Disclaimer:**

By signing and submitting this form it informs Human Resources that you have notified your Supervisor/Principal of your pending termination. You also understand that access to all Campbell County Schools properties, accounts and resources will be terminated. It is the responsibility of each individual to download, copy, or otherwise save any resources or materials prior to their resignation/termination. Resources or materials that are obtained or otherwise created during your regular duties and responsibilities are the property of Campbell County Schools and should not be removed from CCS properties, accounts, or devices. No access will be granted to properties, accounts or resources following an employee resignation or termination. Furthermore, the employee will return all assets that have been assigned to them to their supervisor prior to their resignation/termination. Failure to do so may result in withholding final paycheck.

Received by _____ Date _____