



CERTIFIED RESIGNATION NOTIFICATION

Please complete requested information and return this form to Annette Weeks, Human Resources, 800 M. S. Coups Blvd., Springfield, TN 37172, Phone: 615-384-5588, Fax: 615-384-9749.
This form may serve as your official resignation notification.

Name: _____

Last Four Digits of Your Social Security Number: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

School: _____ **Position:** _____

Grade(s): _____ **Subject(s):** _____

Last Date to Work in Position: _____

Reason for Separation: _____

Robertson County School Board Policy 5.200 states a teacher shall give the director of schools notice of retirement at least thirty (30) days before the effective date of the resignation. A teacher who fails to give such notice, in the absence of justifiable extenuating circumstances, shall forfeit all tenure status. The Board may waive the thirty (30) days' notice requirement and permit a teacher to resign in good standing.

Upon resignation, I agree to surrender all property of Robertson County Schools (RCS), which includes, but is not limited to, keys, electronics, and other computer equipment, to the proper RCS authority. All electronic devices accessed during my employment will be disabled within ten days of my resignation including my email account and any other sites.

Furthermore, I agree to allow administrators of RCS to complete any student claiming for assessment or evaluation purposes on my behalf. I understand that my final payroll check will not be direct deposited but will be sent to the address listed above once all RCS property has been returned.

Employee Signature: _____ **Date:** _____

<i>HR USE ONLY</i>		
Date Received _____	HR Signature _____	Personnel Report _____
Searchsoft _____	Email _____	Smartfind _____ SLB _____ VitDocs _____