

**Hoke County Schools**  
**Tender Resignation Form**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

(Please Print)

I hereby tender my resignation with the Hoke County School System as a \_\_\_\_\_

at \_\_\_\_\_ **effective at the close of business day** on \_\_\_\_\_.

(month/day/year)

\*Licensed employees are required to give a minimum 30 calendar days' notice prior to resigning from the school system. Failure to do so may result in license revocation as outlined in G.S. 115C-325(o). Non-licensed, classified support staff should give at least 14 calendar days' notice prior to resigning from the school system.

**Resignation Reason (Check One):**

- |   |   |
|---|---|
| <input type="checkbox"/> Teach in Another NC System**<br>NC System: _____     | <input type="checkbox"/> Failure to Maintain License              |
| <input type="checkbox"/> Teach in Another State                               | <input type="checkbox"/> Family Relocation                        |
| <input type="checkbox"/> Teach in a Non-Public/Private School                 | <input type="checkbox"/> Family Relocation Due to Military Orders |
| <input type="checkbox"/> Move to a Non-Teaching Position in Another NC System | <input type="checkbox"/> Family Responsibility / Child Care       |
| <input type="checkbox"/> Career Change  | <input type="checkbox"/> Health (Personal or Family)              |
| <input type="checkbox"/> Dissatisfied with Teaching                           | <input type="checkbox"/> Retired with Full Benefits               |
| <input type="checkbox"/> Continue Education/ Take Sabbatical                  | <input type="checkbox"/> Retired with Reduced Benefits            |
| <input type="checkbox"/> Interim Contract Ended - Not Rehired                 | <input type="checkbox"/> Resigned in Lieu of Dismissal            |
| <input type="checkbox"/> Non Renewed – Probationary Contract Ended            | <input type="checkbox"/> Dismissed                                |
|   | <input type="checkbox"/> Reduction in Force                       |
|   | <input type="checkbox"/> Reason Unknown                           |
|   | <input type="checkbox"/> Other _____                              |

\*\* In order to continue insurance coverage, an employee must indicate the NC system they will be employed with.

*I affirm that I have not been asked or coerced to resign by my employer; I am submitting my resignation of my own accord. I have no claim or grounds against my employer based upon my time of employment with Hoke County Schools. I agree that my employer has made no representations regarding the effect of my resignation on any pending or future investigations and/or matters arising from such investigation, including but not limited to, possible reports to and cooperation with law enforcement, the Department of Social Services and/or the State Board of Education. I understand that I must return any property or monies belonging to Hoke County Schools prior to my resignation effective date. I also understand that I can consult an attorney at my own cost and expense before signing this resignation.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

This resignation is only effective once received in the Human Resources office and approved by the Board. Once submitted, it cannot be rescinded without the Superintendent's approval.

**For Human Resources Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Board Date: \_\_\_\_\_

Revised 8/2017