



# Letter of Resignation

| HR Office Use Only                      |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Employee       | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Director       | <input type="checkbox"/> Payroll   |
| <input type="checkbox"/> Technology     | <input type="checkbox"/> Benefits  |
| <input type="checkbox"/> BT Coordinator |                                    |
| <input type="checkbox"/> Personnel File |                                    |

**Employee Completes:**

Name: \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Site: \_\_\_\_\_ Present Position \_\_\_\_\_

I hereby tender my resignation in the Davie County School System to take effect at the close of the day on \_\_\_\_\_

My reason for resigning – (check one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Retirement            | <input type="checkbox"/> Teach in NC Charter School               | <input type="checkbox"/> Position ended       |
| <input type="checkbox"/> Family Obligations    | <input type="checkbox"/> Teach in Private School                  | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Health Reasons        | <input type="checkbox"/> To teach in another state                | <input type="checkbox"/> Personal Reasons     |
| <input type="checkbox"/> Dissatisfied with job | <input type="checkbox"/> Did not Obtain/Maintain Teaching License | <input type="checkbox"/> Changing Profession  |

Transferring to another NC school system – (Name of System) \_\_\_\_\_

Other \_\_\_\_\_

Additional comments:

**Do you have Flex Spending? \_\_\_ Yes \_\_\_ No. If yes, you will need to contact Crystal Shoffner ext. 300011 regarding your account.**

If address will be changing please list new address here, otherwise tax forms will be mailed to current address on file.

New address: \_\_\_\_\_

**I understand that my final paycheck will be in the form of a paper check and NOT on direct deposit.**

**Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Please present this form to the principal or site supervisor to whom you are assigned.**

**Principal/Site Supervisor Completes:**

I acknowledge this resignation with the understanding that his/her last day on the payroll will be \_\_\_\_\_

30 calendar days' notice for certified employee

60 calendar days' notice for administration

**Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Fax this form to the Human Resources Office @ Fax#: 336-751-9013**

For Human Resources Office Use \_\_\_\_\_ Last day on payroll \_\_\_\_\_

HR Specialist \_\_\_\_\_ Date \_\_\_\_\_

Assistant Supt HR \_\_\_\_\_ Date \_\_\_\_\_