



# Nash County Public Schools

## Human Resources Department

930 Eastern Avenue, Nashville, NC

P: (252) 462-2852

### HR Dept Use Only

Pos # \_\_\_\_\_ Job Bd ID # \_\_\_\_\_  
\_\_\_\_ Email Payroll \_\_\_\_ Vac Rpt \_\_\_\_ Resign Rsn  
\_\_\_\_ Staff Action – EAF Doc # \_\_\_\_\_  
\_\_\_\_ Exit Letter \_\_\_\_ Exit Survey  
BOE: \_\_\_\_\_

## RESIGNATION / RETIREMENT FORM

This form is to be completed when an employee wishes to resign or retire. If desired, the employee may attach a personal letter to this form. **This form must be completed in its entirety and signed by the employee and his/her Principal / Supervisor.**

***Complete and Return to Human Resources Department, Attention: Lisa McDanel***

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_ ☐ Licensed ☐ Classified

School/Department: \_\_\_\_\_ NCPS Email: \_\_\_\_\_

Teaching Status: (check all that apply) ☐ Career ☐ Probationary ☐ Provisional ☐ Special Permit

☐ Alternative

Lateral Entry: ☐ ☐ ☐ ☐ ☐

Beginning Teacher: ☐ ☐ ☐

Year: 1 2 3 4 5

Year: 1 2 3

Type of Separation (Check One): ☐ **Resignation:** Last day of employment with NCPS: \_\_\_\_\_

☐ **Retirement** – Effective Date: \_\_\_\_\_ Last day of employment with NCPS: \_\_\_\_\_

RETIREE'S: Personal e-mail: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Reason for the Separation (check one):

☐ Family Responsibility / Child Care

☐ Career Change / Exit Profession

☐ Further Education/Take a Sabbatical

☐ Teach Elsewhere in Another State

☐ Health Reasons/Disability

☐ Teach in NC Non-Public / Private / Charter School

☐ Dissatisfied with Teaching / Job

☐ Teach/Work in another NC Public School System (LEA/PSU)

☐ Family Relocation

☐ Retirement

☐ In Lieu of Non-Renewal

☐ In Lieu of Dismissal

☐ Other: ("**Other**" requires detailed explanation) \_\_\_\_\_

Are you transferring to another NC LEA/PSU, County Agency or State Agency? ☐ YES ☐ NO

If "Yes", please list new location: \_\_\_\_\_

**Please help us continue to improve by completing the Exit Survey Form which you will receive via email. Thank You**

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal / Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

☐ APPROVED Employee Eligible for Rehire? ☐ YES ☐ NO

☐ DENIED Reason: \_\_\_\_\_

Date Received by Human Resources: \_\_\_\_\_