



Human Resources Department
P.O. Drawer 622
1226 US Highway 321 By-Pass South
Winnsboro, South Carolina 29180
Phone: (803) 635-4607

RESIGNATION FORM

Name: _____ Employee ID: _____

School/Department: _____ Position: _____

I hereby **resign** my position effective at the end of the day on _____.

REASON FOR RESIGNATION: Check One

- Retirement
- Teaching position in another SC public school district/special school
School District: _____
- Teaching in a college/university or private school in SC
- Teaching position in another state/country
- Administrator/education position in SC
- Administrator/education position in another state/country
- Returning to school
- Health (Personal or Family)
- Failure to Obtain/Maintain License
- Family Responsibility
- Relocation (includes spouse relocation, military assignment etc.)
- Job Dissatisfaction
- Career Change
- Other: _____

I hereby state that I have no claims or grounds for any claims against the Fairfield County School District, my employer, based on my time of employment. I submit this resignation of my own free will, and I understand that it cannot be rescinded without the express approval of the Superintendent or their designee.

Employee's Signature

Date