Weldon City Schools
Resignation Form

First Name:	Last Name:	M.I:
Location:	Position:	

I hereby request the Board of Education to accept my resignation effective close of business:

Month:	Day:	Year:

Printed Name:	Soc. Sec. No:

Present Street Address:	New Street Address:
State: City: Zip:	State: City: Zip:

Reasons for Resignation (please check as many as apply):

☐ Retirement with Reduced Benefits (68)	☐ Dissatisfied with Reaching (63)
☐ Retirement with Full Benefits (51)	☐ Interim Contract Ended (54)
☐ Reduction in Force (66)	☐ Resigned in Lieu of Dismissal (55)
☐ Movement Required by Military Orders (76)	☐ Resigned in Lieu of Non-Renewal (78)
☐ Teaching in Another State (62)	☐ Continue Education (60)
☐ Family Relocation (61)	☐ Health/Disability (64)
☐ Family Responsibility/Childcare (57)	☐ Did not Obtain or Maintain License (56)
☐ Career Change (72)	☐ Teach in a Non-Public/Private School (71)
☐ Re-employed Retired Reacher Resigned (73)	☐ Moving to a Non-Teaching position in Education (75)
☐ Dismissed (50)	☐ Teach in a Charter School
☐ Non-Renewal/Contract Ended (53)	☐ Other Reasons (65)
☐ Teaching in another LEA (List LEA): (58)	☐ Miscellaneous (please specify):

I affirm that I am choosing to resign of my own free will, and have not been coerced or forced to resign. I agree that my employer has made no representations to me in reference to my resignation, including but not limited to any representations regarding the effect of my resignation on any pending or future investigation. I understand that I had the ability to consult an attorney at my own cost and expense before signing this resignation.

Employee Signature:	Date:

Licensed employees will be held to an automatic 30-day notice unless otherwise approved by the Human Resources Department. If a replacement is found and approved prior to the end of the 30-day notice, licensed employees may be released prior to the end of their 30-day notice.