Your future. Our focus.
DAVIDSON COUNTY SCHOOLS

Resignation/Retirement Form

Name:_____ **Payroll ID Number:** _____

Address:_____

Last Date Employed:_____**Retirement Effective Date:**_____**Personal Email:** _____

List position(s) resigning or retiring:_____**Hours per Day:**____**School/Department:**_____

Resignation Details: (COMPLETION REQUIRED)

1. Do you want to remain a substitute in DCS?____no____yes (If yes, please check all positions below that you want to transfer to)
   ____ sub teacher____sub bus driver____sub bus monitor____sub school nutrition

1. Do you currently work as an eLearning instructor and want to remain in that position?____no_____yes
2. Do you want to remain in all current coaching positions? ___no ___ yes Do you want to maintain your CDL for coaching? ___no __yes
3. Do you want to remain a Drivers Ed teacher?___no_____yes
4. Do you have a bus pocket card?____no____yes (All bus pocket cards must be sent in with this form)

Retirees must separate for 6 months before being considered for any positions with the district.

Please check the primary reason for your resignation. ***(Numbers below represent state codes)***

_____Resigned – Family relocation (61)
_____Resigned – Career change (72)
_____Resigned to teach in a NC non-public/private school (71)
_____Resigned to teach in a NC charter school (70)
_____Resigned to teach in another state (62)
_____Moved to non-teaching position in another LEA or agency (59)
_____Resigned – Family responsibility/childcare (57)
_____Resigned – Because of health/disability (64)
_____Resigned –To continue education/Take a sabbatical (60)
_____Resigned-Moving due to military orders (76)
_____Resigned-Did not obtain or maintain license (56)
_____Resigned to teach in another NC LEA (58): (NAME OF SYSTEM)

_____Resigned – Dissatisfied with teaching (63)
_____Non-renewed – Probationary contract ended (53)
_____Interim/Temporary contract ended – not rehired (54)
_____Reduction in force (51)
_____Resigned in lieu of dismissal (55)
_____Dismissed (50)
_____Deceased (67)
_____Resigned-End of VIF Term (74)
_____To accept other DCS employment: _____
_____Resigned – Other Reasons (65) Specify: _____
_____

**Annual Leave will be paid out and sick leave/personal leave will go into a bank to be held for 5 years if you do not indicate that you are going to another NC LEA.*

Retirement: ***(check one)***
_____Retired with full benefits (66) {30 yrs. service, age 65 w/5 yrs. membership ser., or age 60 w/25 yrs. creditable service}
_____Retired with reduced benefits (68) {Age 50 w/20 yrs. creditable service, age 60 w/5 yrs. membership service}
_____Re-employed Retired Teacher Resigned (73)

Please consider completing this Exit Interview Questionnaire: http://bit.ly/48q4d9u

(Optional) Exit Interview with: _____***Dr. Shon Hildreth, Assistant Superintendent of Human Resources***
_____***Dr. Brandy Shirley, Director of Human Resources- Classified***
_____***Karen Sauerbrey, Director of Human Resources- Certified***

If moving from address given above, please provide a phone number and future address, or a permanent address where mail may be forwarded to you and date you plan to move. Your TAX Forms will be mailed to this address unless otherwise notified.

(_____)_____
Phone *Street Address* *City* *State* *Zip Code*

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 opportunity to consult an attorney at my own cost and expense before signing this resignation. I also acknowledge that I have no claims or grounds for any claims against my employer based upon my time of employment with the Davidson County Schools.

Employee's Signature:_____Date: _____

Supervisor/Principal's Signature_____Date: _____

The original form should be sent via courier to Dr. Brandy Shirley (Classified) and Karen Sauerbrey (Certified).
Keys, school/district equipment, and staff badge should be given to the principal at the end of the last day or work.
Provide a copy of the completed form to the employee.

**** PLEASE SEE THE BACK SIDE OF FORM FOR BENEFITS INFORMATION **** Revised 11//2025

I acknowledge by my signature that I have read and understand insurance termination dates.

Employee's Signature: _____Date: _____

IMPORTANT NOTICE:

ALL INSURANCES WILL TERMINATE BASED ON EMPLOYEE'S ACTUAL LAST DAY WORKED. (EXAMPLE: EMPLOYEE'S LAST DAY WORKED 06/14/YYYY…. INSURANCE WILL TERMINATE 06/30/YYYY.)

HEALTH INSURANCE:
Termination - You and your dependents covered by the Teachers' and State Employees' Health Plan may continue coverage up to eighteen (18) months after termination. You or your dependents must pay the full premium (employee and employer contributions). The insurance carrier will mail COBRA continuation information to you after your termination.
Retirement – Retirees are eligible for health insurance coverage with the cost determined by when state employment began and which coverage is selected (must have contributed to the Retirement System for at least five (5) years while employed as a state employee)**.** Under current law**, **if first hired prior to October 1, 2006,** the State will pay either all or most of the cost [depending on the plan chosen], for individual coverage. **Full cost for dependent coverage must be paid by employee**. Coverage on the Retired Group will become effective the month following effective date for retirement. ****If first hired on or after October 1, 2006**, different laws apply for coverage as a retiree. Please refer to "*Your Retirement Benefits*" booklet available online at www.myncretirement.com for more information.

❖ **TERM LIFE INSURANCE:** Coverage will end the last day of the month in which you last worked. You may continue coverage by either porting (term life) or converting (individual whole life). If you want to port or convert, you must complete an application to Continue/Port or Convert Group Insurance. This document can be found on DCS website following the following steps: Staff Tab-Employee Benefits-Mark III-Forms-Administrative Forms-AUL Portability Request. You will mail or fax the completed forms directly to AUL using the contact information at the top of the form.

❖ You **must** complete the continuation process within thirty (30) days from the date your coverage terminates. The thirty (30) days includes processing for paperwork by all parties involved.

❖ **DENTAL AND VISION INSURANCE:** Coverage will end the last day of the month in which you last worked. You may continue coverage through COBRA for up to 18 months. A "Notice of Insurance Continuation" application and premium information will be mailed to you from IMS. You must mail response by applicable date.

❖ **CANCER AND WHOLE LIFE INSURANCE:** You may continue coverage by paying premium(s) directly to provider(s); otherwise, coverage will end on the last day of the month in which you last worked. Refer to each policy for exact terms and conditions. Carriers will contact you concerning continuances of coverage.

❖ **SHORT-TERM DISABILITY AND HYATT LEGAL PLAN:** Coverage will end the last day of the month in which you last worked.

❖ **GILSBAR FLEXIBLE SPENDING ACCOUNTS:** Please refer to the benefits booklet for strict guidelines.
❖ **AFLAC:** Employee must contact AFLAC within 30 days of the last day worked.

***RETIREES: Insurances in effect at time of retirement will continue through Davidson County Schools for the **first** month of retirement.

If you have any insurance questions not addressed above, you may contact Danielle Troxler at 336-242-5616.

RETIREMENT WITHDRAWAL OF CONTRIBUTIONS: The accumulated employee contributions and creditable years of service (includes interest if you have at least five (5) years of service) may be withdrawn. You may request the retirement withdrawal form from NC Retirement System or DCS Human Resources. Members may leave contributions in the Retirement System and keep all creditable years of service earned to that date; however, you must have at least five (5) years to receive future retirement benefits.

VACATION: Annual leave/vacation days may be transferred between local educational agencies and state agencies. You will be paid for any unused annual leave/vacation up to 30 days if you terminate and do not accept other state employment immediately (or upon retirement).

SICK LEAVE: Sick leave can be transferred between local educational agencies and state agencies. You **will not** be paid for any unused sick leave. The balance of your sick leave will not be available after 60 or 63 (10 month employees) months. If you are re-employed in an LEA or state agency during the 60 or 63 months, your sick leave time will be available. **Retirement** - One month of credit is allowed for each 20 days of your unused sick leave.