DARLINGTON COUNTY SCHOOL DISTRICT

Resignation/Retirement Form 2026-2027

Name	
Employee ID #	
Address	
City, State, Zip	
Telephone #	
Email Address	
School/Location	
Position/Assignment	

I am requesting to be released from my contract/work agreement at the end of the day on (date): _____

Please indicate the last date of work and check appropriate boxes below. If you are planning to accept a position with another SC School District/Agency, you must indicate which district/agency and provide a copy of a letter or contract from the receiving district in order for your benefits to transfer. Otherwise, your benefits will cancel at the end of the month in which you last worked. Please contact the Benefits Office or PEBA for insurance coverage verification or for any insurance questions.

My last day of actual work will be/was at the end of the day on (date): _____

I. ( ) RESIGNATION
(also select <u>one</u> in Part A or Part B below):
A. ( )To accept work in the following SC School District/Agency _____
( )To accept/seek work other than a school/state related position
B. ( ) Relocating to_____
( ) To attend school
( ) Military service
( ) Illness/pregnancy/medical
( ) Personal Reasons (explain below)

II. ( ) RETIREMENT
(select <u>one</u> below):
( ) Regular _____(date)
( ) Disability _____(date)

III. ( ) OTHER (*This box <u>for district use only</u>*)
_____ _____
Administrative Action: **Date:**

Explanation or comments, if applicable			
Employee Signature		**Date**	
Supervisor Signature		**Date**	

TO BE COMPLETED BY HR/FINANCE

Create Vacancy / Replacement #		
Account #		FTE
Account #		FTE
Date of Last Check Received		
Chief HR Officer-CHRO Signature		**Date:**
Superintendent Approval	**Approved/Released ( )**	**Pending Suitable Replacement ( )**
Superintendent Signature		**Date:**

Revised April 2026