

Warren County Schools
109 Cousin Lucy's Lane
Warrenton, NC 27589
252.257.3184

FORMAL RESIGNATION

Please complete, sign, and submit to the Human Resource Office.

Name: _____ Employee # _____

Forwarding Address: _____ Phone#: _____

City/State/Zip: _____

School/Department: _____

Position: _____ Full-time _____ Part-time _____

Subject (if applicable): _____ Grade (if applicable): _____

Resignation Details: (Completion required)

I hereby resign my position with Warren County Schools effective at the end of the day on _____.

Expected/Required Notice:

Classified Positions: At least fourteen (14) calendar days' notice is expected. Less notice will be included as part of the personnel record of the employee and may influence future district employment.

Licensed Positions: State law stipulates at least thirty (30) calendar days' notice. License Revocation is allowable when acceptable notice is not given. **Please note:** Administrators are required to give sixty (60) calendar days notice.

1. Do you currently serve in an extra duty position? Yes No
2. What extra duty position do you hold? _____
3. Do you wish to remain or apply to become a substitute? Yes No

Reason (check one):

- | | |
|--|--|
| <input type="checkbox"/> To teach in a NC non-public/private school | <input type="checkbox"/> Family Relocation |
| <input type="checkbox"/> To teach in another NC system | <input type="checkbox"/> Family responsibility/child care |
| <input type="checkbox"/> To NC Charter Schools | <input type="checkbox"/> Did not obtain or maintain license |
| <input type="checkbox"/> To NC non-profit/private school | <input type="checkbox"/> Dissatisfied with teaching |
| <input type="checkbox"/> To non-teaching position in another school system | <input type="checkbox"/> Career change |
| <input type="checkbox"/> To teach in another state | <input type="checkbox"/> Reason unknown |
| <input type="checkbox"/> To continue education | <input type="checkbox"/> Employment outside of education |
| <input type="checkbox"/> Because of health/disability | <input type="checkbox"/> Working conditions |
| <input type="checkbox"/> Retired with full benefits | <input type="checkbox"/> To another state agency* - Please Specify:
_____ |
| <input type="checkbox"/> Retired with reduced benefits | <input type="checkbox"/> Other reason(s) - Please Specify:
_____ |
| <input type="checkbox"/> Re-employed retiree resigning | |
| <input type="checkbox"/> Moving due to military orders | |

Annual Leave Days:

Employees who separate employment from WCS who have accrued annual leave will be paid in a lump sum for any remaining annual leave days, maximum of 30 days or 240 hours.

I request that my annual days to be transferred to _____ School System/State Agency.

*** Please submit a request with your new employer for balances to be transferred from WCS.**

I have no claims or grounds for any claims against my employer based upon my time of employment with Warren County Schools. I am submitting this resignation of my own free will.

Checklist for returning school issued property/devices:

- Laptop, bag, charger Id Badge Keys Exit Letter

Employee Signature

Date

Supervising Administrator's Signature

Date