

## EMPLOYEE RESIGNATION

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
School/Department Code/Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Employment Start Date: \_\_\_\_\_ Anticipated Last Date of Employment: \_\_\_\_\_

### PLEASE CHECK ONE OF THE FOLLOWING

I am leaving the Halifax County School System due to: \_\_\_\_\_ Employee Resignation \_\_\_\_\_ Employee Leave of Absence

Please **circle** the primary reason for your Resignation or Leave of Absence below:

#### Reason for Resignation

- |                                    |                              |   |
|------------------------------------|------------------------------|---|
| 01 Another Position                | 09 Dismissal/Not Recommended | 17 Deceased                               |
| 02 Professional Improvement        | 10 Personal Reasons          | 18 Dismissal                              |
| 03 Assignment Completed            | 11 Spouse Transferred        | 19 Insufficient Support from School Admin |
| 04 Certification Problem           | 12 Abandon Position          | 20 Lack of Parental Involvement           |
| 05 Leaving the Teaching Profession | 13 Illness                   | 21 Poor School Climate                    |
| 06 Financial Reasons               | 14 Marrying and Moving       | 22 Inadequate Support from HR             |
| 07 Military Career                 | 15 Moving Out of the Area    | 23 Lack of Community Support              |
| 08 Retiring                        | 16 Family Responsibilities   | 24 Other _____                            |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Is there anything that could/should have been done that would have caused you to remain employed in your school or department?*

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TO BE COMPLETED BY THE PRINCIPAL/DEPARTMENT HEAD

I have met with the employee and discussed the Resignation/Leave of Absence Request. The employee has \_\_\_\_\_ agreed  
\_\_\_\_\_ not agreed to turn in all necessary materials (books, records, etc.) before leaving the school/department.

Principal/Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY REPRESENTATIVE IN THE DEPARTMENT OF HUMAN RESOURCES

_____ Last Day of Sick Leave (if needed)	_____ Insurance/TSA Notice prepared and dispersed
_____ Resignation form completed and filed	_____ Separation Notice prepared and dispersed
_____ Employee letter with requested forms mailed on _____	_____ HRMS information completed

Human Resources Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy Distribution:**      Dept. of Human Resources      Finance      School/Dept.      Employee