

# EMPLOYEE RESIGNATION

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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: \_\_\_\_\_

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## 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:

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

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## 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: \_\_\_\_\_

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## 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