

# Halifax County Schools Resignation Form

Human Resource Department PO Box 468 Halifax, NC 27839 Fax 252-583-1383

Name: \_\_\_\_\_

Social Security Number XXX-XX-\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this your W2 Address? \_\_\_\_\_ If no, indicate W2 address \_\_\_\_\_

Note: Submit to Human Resources immediately upon completion and signatures. Do not hold or retain. Late submission can result in delays in approval. As a rule, resignation can only become effective once received in the Human Resources Office. Once submitted, the employee cannot rescind a resignation.

I **resign** my position with Halifax County Schools effective at the end of the day on \_\_\_\_\_

List position(s) resigning \_\_\_\_\_

<b>Notice</b>	<p><b>Classified Positions:</b> At least a fourteen (14) calendar notice is expected. Less notice will be included as a part of the personnel record of the employee and may influence future district employment.</p> <p><b>Licensed Positions:</b> State law stipulates at least thirty-(30) calendar day notice. License revocation is allowable when acceptable notice is not given.</p> <p><b>Administrative Positions:</b> At least sixty-(60) calendar days' notice is expected. Less notice will be included as a part of the personnel record of the employee and may influence future district employment.</p>
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Indicate reason for resignation. Check one. (The numbers below represent the state code for HR use only).

<input type="checkbox"/> Retirement (66 or 68)	<input type="checkbox"/> Failure to obtain or maintain license (56)
<input type="checkbox"/> Health (Personal or family) (64)	<input type="checkbox"/> Attend school (60)
<input type="checkbox"/> Teach in another state (62)	<input type="checkbox"/> Career change (72)
<input type="checkbox"/> Teach in a NC Charter School (70)	<input type="checkbox"/> Job dissatisfaction (63)
<input type="checkbox"/> Teach in a NC Non-Public/Private School (71)	<input type="checkbox"/> Relocation (61)
<input type="checkbox"/> Non-teaching position in education (59)	<input type="checkbox"/> Family Responsibility (57)
<input type="checkbox"/> Work in another NC system agency (58) (leave transfers	<input type="checkbox"/> Accept other HCS (75)
<input type="checkbox"/> Name of district _____	<input type="checkbox"/> Name/Location _____
<input type="checkbox"/> Moving due to military orders (76)	<input type="checkbox"/> Other (65) _____

Important: I have no claims or grounds for any claims against my employer based upon my employment with Halifax County Schools. I am submitting this resignation of my own free will and have read front and back of this document.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date Signed

For Human Resources Use Only

Resignation Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_

Effective Date of Resignation \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Comment: \_\_\_\_\_

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## Important Information Regarding Your Resignation

1. **Medical Benefits** (if applicable) will end based on the following rules:

a. If I am an employee who is paid fewer than 12 months in a year, have made contributions for the non-work months, and whose employment terminates at the end of the school year, I will continue to be covered by medical insurance through the end of the period for which I have made premium contributions, with the understanding that if I am not employed by another State-covered employer under this Plan at the beginning of the next work year, I will refund to Halifax County Schools the amount of the employer's cost paid for them during the non-paycheck months;

b. If I am a 10-, 11- or 12-month employee and employment is terminated before the 16th of a calendar month my medical insurance ends at the end of the month; if my employment is terminated on the 16th or later in the month and I have made the required contribution for any coverage in the following month, that coverage will be continued to the end of the calendar month following separation.

c. Medical premium overpayment for the summer months will be refunded in the final payout.

2. **Communication:** You will receive two important notices after your final day of work:

a. **Separation Letter:** detailing the effective date of your separation; notice to return GCS property and advice in the event of transfer to another LEA.

b. **COBRA Notification:** notifying your eligibility to continuing certain medical benefits under COBRA.

3. **Leave Balances**

a. **Leave in Case of Transfer between LEAs:** If you transfer between LEAs or to a state agency, and the new employment is obtained within 31 calendar days from the date of separation, (as reported by the resigning employee), leave balances must be transferred to the hiring school system.

b. **Annual Leave in Case of Transfer to/from Other State Agencies:** Leave may be transferred to and from a state agency or institution, community college, public university, technical institute, or from and organization covered by the State Personnel Act (e.g. some county agencies of mental health, public health, social services, or emergency management) if the agency is willing to accept the transfer. All or any portion of the unused leave may be accepted.

c. **Non-acceptance of Credit:** If the receiving agency refuses to accept credit for unused annual vacation leave or bonus leave, you will be paid in a lump sum for up to 30 days or 240 hours of accumulated annual vacation leave and for the bonus leave.

d. **Banking of Leave:** If you resign and are not immediately rehired in another North Carolina school system, the sick leave and personal leave are kept in a "bank" for 60-63 months (based on your months of service) and payment is made for annual leave days. Reinstatement of sick and personal days must follow the provisions of G.S.115c-336.

e. **Payout of Leave:** Employee who are not employed by another NC LEA or NC State agency will receive a payout of unused annual and bonus leave based on limits provided by law.

f. **Charter Schools:** There is no provision for public school employees to transfer leave to or from charter schools

## 4. Final Payout

a. **Unused Leave:** You must be paid in a lump sum for accumulated annual vacation leave, not to exceed a maximum of 30 days or 240 hours, upon separation from service. Separation from service includes resignation (unless the employee is transferring to another LEA or state agency), dismissal, reduction-in- force, death, service retirement, beginning long-term disability benefit or change to temporary status.

b. **Timing:** To ensure an accurate final payout of leave balances, the Payroll Department pays out any eligible leave balances the month after your last regular pay date, for example: if you terminate/retire in May, you will receive your leave payout at the end of June. This delay allows time for final reporting of leave usage to be received and processed by Payroll.

c. **Leave Deficit:** If you are overdrawn with respect to leave, a deduction in the appropriate amount must be made from your final payout.

d. **Retirement:** A deduction for retirement must be made from all lump-sum payments of annual vacation leave. Receipt of lump-sum leave payment and retirement benefits is not considered to be dual compensation.

e. **Overpayment and Funds Owed to Halifax County Schools:** Halifax County Schools will deduct any overpayments or funds owed to the district from your final payout as allowed by law.

\_\_\_\_\_ I request an exit interview. Employee Signature/Date \_\_\_\_\_