



Human Resources Division
 400 N Church St
 Monroe NC 28112
 Ph (704) 296-1008
 Fax (704) 289-9154

EMPLOYEE RESIGNATION FORM

Please print or type:

SSN: XXX-XX-_____ (last four digits only)

Legal Name: _____
 (As listed on Social Security Card) Last First Middle Maiden

Address: _____
 Street City State Zip

School: _____ Position: _____

Grade Level/ Subject: _____

Reason for Resignation:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | 56. Did not obtain or maintain license
57. Family responsibility/child care
58. To teach in another NC public school
59. Moved to a non-teaching position in
in another LEA
60. Continue education/take a sabbatical
61. Family relocation
62. To teach in another state
63. Job dissatisfaction
64. Because of health/disability | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | 65. Other reasons _____
66. Retired with full benefits
68. Retired with reduced benefits
69. Reason Unknown
70. To teach in a NC charter school
71. To teach in a NC non-public/private school
72. Career change
73. Re-employed retiree resigned
74. End of VIF term
76. Moving due to Military orders |
|--|--|--|--|

Please complete this section:

I wish to resign as an employee of the Union County Public School System
 at the close of the day on _____

 Employee's Signature Date

 Principal's/Supervisor's Signature Date

Please return to Human Resources Department (Attn: Kathy Campbell)

OFFICE USE ONLY: Date sent to Payroll: _____