

**ROCKINGHAM COUNTY SCHOOLS
RESIGNATION FORM**

Name _____ Last 4 Digits of Social Security #: _____

School/Department _____ Position/Grade/Subject _____

Home Telephone Number _____

Home Address _____

Required Notice:

- **Classified Position:** The minimum notice expected is fourteen (14) calendar days. A notice without the expected amount of time will be recorded in the employee personnel record and may influence future employment with the district.
- **Licensed Position:** State law requires at least a thirty (30) calendar day notice. Revocation of a North Carolina license is allowable when sufficient notice is not given.

Resignation Notice:

- **Retirements:** Retirements can only be rescinded within fourteen (14) calendar days. The fourteen (14) days will begin the date this form is signed and turned in to the Human Resource Department.
 - **Resignations:** Once this form is completed and returned to the Human Resource Department the resignation may not be rescinded. Resignations can only become effective once received in the Human Resource Department.
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Employee's Statement

I hereby **resign** my position with Rockingham County Schools effective at the conclusion of the day on _____

Reason for Resignation (only check one):

- | | |
|--|--|
| <input type="checkbox"/> Failure to Obtain/Maintain License (56) | <input type="checkbox"/> Family Responsibility (57) |
| <input type="checkbox"/> To Teach in another NC Public School System (58) | <input type="checkbox"/> Accepted a Non-Teaching Position in another system (59) |
| <input type="checkbox"/> To Continue Education/Take a sabbatical (60) | <input type="checkbox"/> Relocation (61) |
| <input type="checkbox"/> To Teach in Another State (62) | <input type="checkbox"/> Dissatisfaction with Teaching (63) |
| <input type="checkbox"/> Due to Health/Disability (64) | <input type="checkbox"/> Other (65) _____ |
| <input type="checkbox"/> Retirement (66 or 68) | <input type="checkbox"/> To Teach in a NC Charter School (70) |
| <input type="checkbox"/> To Teach in Another NC Non-Public/Private School (71) | <input type="checkbox"/> Career Change (72) |
| <input type="checkbox"/> Reemployed Retiree Resigned (73) | |

I am submitting this resignation of my own free will and have no claims against Rockingham County Schools during the time of my employment.

_____ Employee Signature	_____ Date	_____ Supervisor/Director Signature	_____ Date
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For Human Resources Use Only:

Resignation Accepted By: _____
Signature Date

Comment _____

Please submit the original form to the Human Resource Department upon completion. Copies will be distributed after the Human Resource Department processes the request.