

Washington County Schools – Resignation/Retirement Form

Employee Completes This Section:

Name: _____ Site: _____ Position: _____

Mailing Address: _____ Soc Security #: _____

City/State: _____ Zip: _____ Phone: _____

I hereby tender my resignation in Washington County Schools to take effective (close of day): _____

Reason for Leaving: (Check One Below):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Family Responsibility | <input type="checkbox"/> Retirement with Full Benefits | <input type="checkbox"/> Ending Contract |
| <input type="checkbox"/> Relocating | <input type="checkbox"/> Military Relocation | <input type="checkbox"/> Retirement with Reduced Benefits | <input type="checkbox"/> Expired License |
| <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Educational Reasons | <input type="checkbox"/> Employment in NC Private School | <input type="checkbox"/> Employment in Another State |
| <input type="checkbox"/> Other: (Please indicate) _____ | | <input type="checkbox"/> Employment in NC Charter School | <input type="checkbox"/> Reemployed Retiree Resigned |
| <input type="checkbox"/> Teach in another NC School System (Please list system): _____ | | | |

Forwarding Address (if different from above):
Any correspondence & tax forms will be mailed.
Forwarding Date: _____

Do you wish to be paid out for your Annual Leave? Yes No

Employee's Signature: _____ Date: _____

I understand that if I was prepaid, I must reimburse Washington County Schools.
Please present this form to the Principal/Director/Supervisor to whom you are assigned.

Principal/Director/Supervisor Completes This Section:

I acknowledge this resignation with the understanding that his/her last day on the payroll will be: _____

I request advertisement of this position: Yes No Please advertise position as: _____

Principal/Director/Supervisor's Signature: _____ Date: _____

Approval of Federal Programs, CTE, or EC to Replace Position:

- | | |
|---|---|
| <input type="checkbox"/> I APPROVE this position to be replaced. | Budget Code: _____ |
| <input type="checkbox"/> I DO NOT APPROVE this position to be replaced. | Director's Signature: _____ Date: _____ |

Human Resources Office Completes:

Director's Signature: _____ Date: _____

Last day for Employee to be on Payroll: _____ Position #: _____

The vacancy created by this resignation is hereby authorized to be advertised. Yes No

Date Entered in LINQ: _____ Date Payroll given a copy: _____

Copies to: Principal Director/Supervisor Personnel File Payroll Benefits