

GUILFORD COUNTY SCHOOLS

Human Resources Department

P.O. Box 880

Greensboro, NC 27402-0880

Resignation Form

Name _____ Social Security Number _____

Address _____ Phone _____

City/State/Zip Code _____

All Current Positions: _____ Hours per Day: _____ School/Department: _____

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

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

List position(s) resigning _____

EXPECTED/REQUIRED NOTICE:

Classified Positions: At least fourteen (14) calendar days' notice is expected. Less notice will be included as part of the personnel record of the employee and may influence future district employment.

Licensed Positions: State law stipulates at least thirty (30) calendar days' notice. License revocation is allowable when acceptable notice is not given.

REASON FOR RESIGNATION: Check One (The numbers below represent state codes only)

_____ Retirement (66 or 68)	_____ Failure to Obtain/Maintain License (56)
_____ To Teach in Another NC System (58)	_____ Family Responsibility (57)
_____ To Teach in a NC Charter School (70)	_____ Relocation (61)
_____ To Teach in a NC Non-Public/Private School (71)	_____ To Attend School (60)
_____ To Teach in Another State (62)	_____ Job Dissatisfaction (63)
_____ Health (Personal or Family) (64)	_____ Career Change (63)
_____ To Accept a Non-Teaching Position in Education (59)	_____ To Accept Other GCS Employment:
_____ Other _____ (65)	New Position _____
	Location _____

I wish to state that I have no claims or grounds for any claims against my employer based upon my time of employment with the Guilford County Schools and am submitting this resignation of my own free will.

Employee's Signature

Date Signed

Witness to Signature

Date Signed

Initial this box to request an *exit interview*.

Initial this box if you are retiring and *do not wish your name released to any group wishing to recognize retirees*.

FOR HUMAN RESOURCES USE ONLY

Resignation Accepted By: _____ Date: _____ Effective Date of Resignation: _____

Retirement Date: _____ S _____ E _____ Comment: _____