



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)

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

Address: _____
 Street City State Zip

School: _____ Position: _____

Grade Level/ Subject: _____

Reason for Resignation:

- | | | | |
|-----------|--|-----------|--|
| _____ 56. | Did not obtain or maintain license | _____ 64. | Because of health/disability |
| _____ 57. | Family responsibility/child care | _____ 65. | Other reasons _____ |
| _____ 58. | To teach in another NC public school | _____ 66. | Retired with full benefits |
| _____ 59. | Moved to a non-teaching position in education in another LEA or Agency | _____ 67. | Reason unknown |
| _____ 60. | Continue education/take a sabbatical | _____ 69. | To teach in a NC charter school |
| _____ 61. | Family relocation | _____ 70. | To teach in a NC non-public/private school |
| _____ 62. | To teach in another state | _____ 71. | Career change |
| _____ 63. | Job dissatisfaction | _____ 72. | Re-employed retired teacher resigned |
| | | _____ 73. | End of VIF term |
| | | _____ 74. | Military Leave |

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 the above address (Attn: Connie Jenkins – Classified Specialist)

OFFICE USE ONLY: Date sent to Payroll: _____