

**Human Resources**

386 E. Black Street
Rock Hill SC 29730
Ph (803) 981-1024
Fax (803) 981-1025

EMPLOYEE RESIGNATION FORM

Please complete this form and submit with your letter of resignation.

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

Legal Name: (as listed on Social Security Card)				
	Last	First	Middle	Maiden
Address:				
School:				
Position:				
Grade Level/Subject:				

Reason/s for Resignation:

<input type="checkbox"/>	Did not obtain or maintain license	<input type="checkbox"/>	Family responsibility/child care
<input type="checkbox"/>	Continue education	<input type="checkbox"/>	Family relocation
<input type="checkbox"/>	Moved to a non-teaching position in another LEA	<input type="checkbox"/>	Because of health/disability
<input type="checkbox"/>	To teach in another SC public school	<input type="checkbox"/>	Moved due to Military orders
<input type="checkbox"/>	To teach in another York County public school	<input type="checkbox"/>	Retired with full benefits
<input type="checkbox"/>	To teach in a SC non-public/private school	<input type="checkbox"/>	Retired with reduced benefits
<input type="checkbox"/>	To teach in SC charter school	<input type="checkbox"/>	Work Visa
<input type="checkbox"/>	To teach in another state	<input type="checkbox"/>	Job dissatisfaction
<input type="checkbox"/>	Career change	<input type="checkbox"/>	Other reasons: _____

Please complete this section and print for signature and date.

I wish to resign as an employee of Rock Hill Schools at the close of the day on:

Employee Signature

Date

Please return this form to the address listed above: Attn: Tanya L. Campbell, Ed.D. or e-mail to: tcampbel@rhmail.org
If you would also like to attach a letter of resignation, please attach it to this form.

***Would you like an exit conference?** _____

OFFICE USE ONLY: DATE Received: _____