



Jackson County Public Schools

Employee Resignation Form

Complete and return form to your Principal or Director.

Employee Name: _____ Current Position: _____

School/Department: BR BREC CV FV JCEC SA SC SME SMH

Central Office Transportation/Bus Garage Maintenance

I am resigning from Jackson County Public Schools. I understand my last working day will be the effective date of my resignation. My anticipated resignation date will be _____.

Please check the primary reason for your resignation.

- Moving to a non-teaching position in education in another LEA or Agency
- To teach in another NC Public School System
- To teach in a NC Charter School
- To teach in a NC Non-public/Private School
- To teacher in another state
- Dissatisfied with teaching (Will be employed with another State Agency? Yes No)
- Career Change (Will be employed with another State Agency? Yes No)
- Family responsibility/child care
- Family relocation (Will be employed with another State Agency? Yes No)
- To continue education
- Due to health/disability
- Retirement (Appointment with the Payroll Specialist Required)
- Other reason (Please Specify)

Is there anything that could have been done that would have caused you to remain employed in your school or department? Yes No **Optional Comments:** _____

I further affirm that I was not asked, coerced or forced to resign by my employer but hereby choose to resign of my own free will. I understand that I have the ability to consult an attorney at my own cost and expense before signing this resignation.

Employee Signature: _____ Date: _____