

WAYNE COUNTY PUBLIC SCHOOLS

Human Resources Department

2001 E. Royall Ave.

Goldsboro, NC 27530

Departure/Resignation/Transfer Form

(Please complete each section if applicable)

I. Name _____ Employee Number _____
Address _____ Phone _____
City/State/Zip Code _____

All Current Positions:

Hours per Day:

School/Department:

II. **WCPS Transfer** _____
New Position/Location

Employee Signature

Principal/Director Signature

(Section III to be completed by all that are resigning or retiring)

III. **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 Wayne County Public Schools effective at the end of the day on _____
Date

(Please check all that apply, sign and date)

I hereby acknowledge that I have printed a copy of my: _____ Final Evaluation
_____ Final CEU's
_____ Pertinent Information in Email

Employee Signature & Date

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 _____ (list county) (58) _____ Resigned in lieu of Dismissal (55)
____ To Teach in Another State _____ (list state) (62) _____ Family Responsibility/Childcare (57)
____ To Teach in a NC Charter School (70) _____ Family Relocation (61)
____ To Teach in a NC Non-Public/Private School (71) _____ Continue education/ sabbatical (60)
____ Moving Due to Military Orders (76) _____ Job Dissatisfaction (63)
____ Health/Disability (Personal or Family) (64) _____ Career Change (72)
____ To Accept a Non-Teaching @another state agency (59) _____ Specify other reason _____ (65)

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 Wayne County Public Schools and am submitting this resignation of my own free will.

Employee Signature

Date Signed

Principal's/Supervisor's Signature

Date Signed

FOR HUMAN RESOURCES USE ONLY

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

LINQ

Submit completed form to Tony Howell (Human Resources)

Revised April 2019

Position #

HR FORM G