



Beaufort County Schools Resignation Form

First Name:		Last Name:		M.I.:
Location:		Position:		
I hereby request the Board of Education to accept my resignation effective close of business:				
Month:		Day:		Year:
Printed Name:			Soc. Sec. No:	
Present Street Address:			New Street Address:	
State:	City:	Zip:	State:	City: Zip:
Reasons for Resignation (please check as many as apply):				
<input type="checkbox"/> Retiring <input type="checkbox"/> Teaching in another state <input type="checkbox"/> Family Relocation <input type="checkbox"/> Family responsibility/child care <input type="checkbox"/> Career Change <input type="checkbox"/> Other <input type="checkbox"/> Teaching in another County (List County Name):		<input type="checkbox"/> Dissatisfied with teaching <input type="checkbox"/> Health/disability <input type="checkbox"/> Non-Renewal (Probationary contract ended) <input type="checkbox"/> Approval of Long-Term disability <input type="checkbox"/> Moving to a non-teaching position in Education <input type="checkbox"/> Resigned while Suspended with Pay, Pending the Outcome of an Investigation <input type="checkbox"/> Miscellaneous (please specify):		
<p>I affirm that I am choosing to resign of my own free will, and have not been coerced or forced to resign. I agree that my employer has made no representations to me in reference to my resignation, including but not limited to any representations regarding the effect of my resignation on any pending or future investigation. I understand that I had the ability to consult an attorney at my own cost and expense before signing this resignation.</p>				
Employee Signature:			Date:	
<p>Licensed employees will be held to an automatic 30-day notice unless otherwise approved by the Human Resources Department. If a replacement is found and approved prior to the end of the 30-day notice, licensed employees may be released prior to the end of their 30-day notice.</p>				