



EMPLOYEE RESIGNATION FORM

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

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

Legal Name: <small>(as listed on Social Security Card)</small>				
	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"/> Continue education
<input type="checkbox"/> Moved to a non-teaching position in another LEA
<input type="checkbox"/> To teach in another SC public school
<input type="checkbox"/> To teach in another York County public school
<input type="checkbox"/> To teach in a SC non-public/private school
<input type="checkbox"/> To teach in SC charter school
<input type="checkbox"/> To teach in another state
<input type="checkbox"/> Career change | <input type="checkbox"/> Family responsibility/child care
<input type="checkbox"/> Family relocation
<input type="checkbox"/> Because of health/disability
<input type="checkbox"/> Moved due to Military orders
<input type="checkbox"/> Retired with full benefits
<input type="checkbox"/> Retired with reduced benefits
<input type="checkbox"/> Work Visa
<input type="checkbox"/> Job dissatisfaction
<input type="checkbox"/> Other reasons: _____ |
|--|---|

Please complete this section and print for signature and date.