



**RESIGNATION FORM**

*This form is to be used when an employee wishes to resign. After the employee has completed the form, the immediate supervisor must sign and forward to the Assistant Superintendent of Business Operations.*

**EMPLOYEE RESIGNATION INFORMATION**

**Information Attached** Date \_\_\_\_\_

I, \_\_\_\_\_, wish to resign as an employee of the Wilson County Schools effective at the close of the day on \_\_\_\_\_. My specific assignment is \_\_\_\_\_ in \_\_\_\_\_ School/Department

**REASON OF RESIGNATION**

- \_\_\_\_\_ Moving out of the community  
New address: \_\_\_\_\_
- \_\_\_\_\_ Accepting other employment. Please specify where: \_\_\_\_\_
- \_\_\_\_\_ Health reasons
- \_\_\_\_\_ To further my education
- \_\_\_\_\_ Retiring with \_\_\_\_\_ years of service
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
**Employee's Signature** **Supervisor's Signature**

**HUMAN RESOURCE SERVICES**

**Information Attached**

Date Received \_\_\_\_\_ Date PA Sent to Finance Department \_\_\_\_\_

Approval to Post Position: YES \_\_\_\_\_ NO \_\_\_\_\_

Position # \_\_\_\_\_ \_\_\_\_\_  
**Executive Director of Human Resource Services/Designee Signature**