



CHEATHAM COUNTY SCHOOL DISTRICT

Achieving Excellence Together

Director of Schools - Cathy Beck, Ed.D
102 Elizabeth Street • Asiland City, TN 37015 • Phone: 615.792.5664 • Fax: 615.792.2551
Communication • Consistency • Relationships • Service

OFFICIAL RESIGNATION

- Certified
- Classified

PROCEDURE: The immediate supervisor shall forward copies *on the day received* to **Human Resources**. The pay roll office will prepare final payment for the next appropriate schedule pay day.

Please Print

Name: _____ Last 4 SSN: _____ Date: _____

Position: _____ School: _____

Reason for Resignation: *(Please check all that apply).*

- To work for another school district
- Career Change
- To return to school
- Relocation
- Family circumstances
- Health issues
- Salary advancement
- Retirement
- Other (please explain)

* Effective date of resignation (*last working day*): _____

* **Certified:** Cheatham County School Board Policy 5.201 states Employees shall give the Director of Schools 30 days' notice of resignation at least thirty (30) days before the effective date of the resignation. A teacher who fails to give such notice in the absence of justifiable extenuating circumstances, shall forfeit all tenure status. The Board may waive the thirty (30) days' notice requirement and permit at teacher to resign in good standing.

* **Classified:** Cheatham County School Board Policy 5.202 states Voluntary termination of employment may occur as a result of retirement or resignation. Classified personnel shall give the immediate supervisor written notice of at least two (2) weeks ten (10) working days in advance of the effective date of voluntary termination. The ten (10) working days may be waived by the Director of Schools for justifiable reason.

Current Mailing Address (Street): _____

(City): _____ (ST): _____ (Zip): _____

Telephone Number: _____

Note: Employee should be reminded to keep the Payroll Office informed of current address for mailing of W-2's etc.

Signature of Principal/Supervisor: _____

Signature of Employee: _____

Signature of Director: _____