



Human Resources

386 E. Black Street
Rock Hill, SC 29730
Ph (803) 981-1024
Fax (803) 981-1025

EMPLOYEE RESIGNATION FORM

Athletic Position

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

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

Legal Name				
(as listed on Social Security Card)	Last	First	Middle	Maiden
Address:				
School:				
Coaching Position:				

Reasons for Resignation:

- | | |
|--|---|
| <input type="checkbox"/> To coach in another SC public school | <input type="checkbox"/> Family responsibility/child care |
| <input type="checkbox"/> To coach in another York County Public School | <input type="checkbox"/> Family Relocation |
| <input type="checkbox"/> To coach in a SC non-public/private school | <input type="checkbox"/> Because of a health/disability |
| <input type="checkbox"/> To coach in a SC charter school | <input type="checkbox"/> Move due to Military orders |
| <input type="checkbox"/> To coach in another state | <input type="checkbox"/> Other reasons: |

Please complete this section and print for signature and date.

I wish to resign as a coach in Rock Hill Schools at the close of the day on: _____

Employee Signature

Date:

Please return this form to the address listed above or email it to jobs@rhmail.org. If you would also like to attach a letter of resignation, please attach it to this form.

*Would you like an exit interview? _____