



Human Resources

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

EMPLOYEE RESIGNATION FORM
Challenger

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: | | | | |

Reason/s for Resignation:

- Family responsibility/child care
- Job dissatisfaction
- Full-time employment outside of district
- Other reasons: _____

Please complete this section and print for signature and date.

I wish to resign as an employee of Rock Hill Schools at the close of the day on: _____

Employee Signature

Date

Please return this form to your site director or Patrick Robinson jprobins@rhmail.org or Tanya L. Campbell at tcampbel@rhmail.org.

If you would also like to attach a letter of resignation, please attach it to this form.

***Would you like an exit conference? _____**

OFFICE USE ONLY: DATE Received: _____