

## **Human Resources**

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

## EMPLOYEE RESIGNATION FORM

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

<b>Legal Name:</b> (as listed on Social Security Card)	Last Fi	irst	Middle	Maiden
Address:	Last	1131	Middle	iviaiuell
School:				
Position:				
Grade Level/Subject:				
☐ To teach in another S☐ To teach in another S	ning position in another LEA SC public school 'ork County public school -public/private school er school	☐ Family relo ☐ Because of ☐ Moved due ☐ Retired with	health/disability to Military orders in full benefits in reduced benefits	
•	tion and print for signatur		on:	
- ,		·		

To complete an exit survey, please click here or use the QR code provided.

a letter of resignation, please attach it to this form.

Would you like an exit interview?

OFFICE USE ONLY: DATE Received:\_\_\_\_\_