

Ashe County Schools Resignation Form

Name _____
Address _____ Phone _____
City/State/Zip Code _____

All Current Position(s): _____

Hours per Day: _____

School/Department: _____

NOTE: Submit to Human Resources Department immediately upon completion and signature. Do not hold/retain. Late submission can result in delays in acceptance. As a rule, resignations can only become effective once received in the Human Resources Department and approved by the Ashe County Board of Education. Once submitted, the employee cannot rescind a resignation.

I hereby **resign** my position with the Ashe County Schools effective at the end of the day on _____
List position(s) resigning _____

EXPECTED/REQUIRED NOTICE:

Classified Positions: At least fourteen (14) calendar days' notice is expected. Less notice will be included as part of the personnel record of the employee and may influence future district employment.

Licensed Positions: State law stipulates at least thirty (30) calendar days' notice. License revocation is allowable when acceptable notice is not given.

Administrator Positions: At least sixty (60) day calendar days' notice.

REASON FOR RESIGNATION: Check One

____ Retirement _____ Years of Service	____ Failure to Obtain/Maintain License
____ To Teach in Another NC System/ Specify: _____	____ Family Responsibility
____ To Teach in a NC Charter School	____ Relocation
____ To Teach in a NC Non-Public/Private School	____ To Attend School/Education Reasons
____ To Teach in Another State / Specify: _____	____ Job Dissatisfaction
____ Health/Disability	____ Career Change
____ To Accept a Non-Teaching Position in another LEA	____ Other _____

Health insurance will be terminated in accordance with NC General Statutes and guidance from the State Health Plan (SHP). Health insurance for non-twelve-month employees who separate employment at the end of the school year and will not return to Ashe County Schools for the following school year will be terminated effective June 30th or earliest date allowed by the SHP. Exceptions are made for employees who separate employment to transfer to another NC school district in which health insurance is offered, or employees retiring who qualify for health insurance in retirement. COBRA eligible employees will receive notification within 14 days after the employer insurance has been officially terminated.

I wish to state that I have no claims or grounds for any claims against my employer based upon my time of employment with the Ashe County Schools and I am submitting this resignation of my own free will. I understand that it is my responsibility to check on my benefit deductions in order to continue any benefits I may be eligible to continue.

Employee's Signature

Date Signed

Witness to Signature

Date Signed

☐ Initial this box to request an *exit interview*. ☐ Initial this box if you are retiring and *do not wish your name released to any group wishing to recognize retirees*.