



## RESIGNATION FORM

*This form must be completed by the employee and provided to your Principal/Supervisor for signature and then sent to the HR department for processing.*

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Position \_\_\_\_\_ School/Department \_\_\_\_\_

Please accept my letter of commitment to resign at the end of the workday on \_\_\_\_\_.

I will remain employed as a: (additional paperwork may be required)

☐ Supplement ☐ Substitute \_\_\_\_\_ ☐ Other Position: \_\_\_\_\_  
(Teacher, Nurse, Bus Driver, etc.)

If you wish to remain a volunteer with WCS, please email Sweta Muralicaanthan at [sweta.muralicaanthan@wcs.edu](mailto:sweta.muralicaanthan@wcs.edu).

*I understand this letter cannot be rescinded without express approval of the Superintendent or his designee.*

**Reason for Resigning:** \*Please select 1 option below that most aligns with your situation. \*

**Personal Reasons**

☐ Relocation  
☐ Health Reasons  
☐ Staying Home w/Children

**Dissatisfied With Job**

☐ Salary/Pay Rate/Benefits  
☐ Location/Travel Difficulties  
☐ Administrator/Co-Worker

**Career Change/Education**

☐ Attend/Return to School  
☐ Pursue Another Profession

**Accepted Position With**

☐ Davidson County  
☐ Rutherford County  
☐ Maury County

Other: \_\_\_\_\_

**If Relocating, Please Complete:**

**New Address:** \_\_\_\_\_  
Street City State Zip

I would like the opportunity to be considered for employment again in the future: ☐ Yes ☐ No

**Please Note:** *Your WCS email account will be disabled at the end of business of the resignation date. Please provide an alternate e-mail address to receive your final pay stub and for exit communication.*

Personal Email Address: \_\_\_\_\_

Please Initial: \_\_\_\_\_ I understand that I am required to return all WCS Property (Laptop, keys, etc.) at the end of my last day with WCS.

Please initial: \_\_\_\_\_ If my hire date was prior to July 1, 2009, by resigning my Full-Time position I am no longer eligible for continuation of Medical Benefits at Retirement.

Please initial: \_\_\_\_\_ If your hire date was prior to July 1, 2009, and you are eligible to resign with WCS and remain benefits eligible but will not retire with TCRS at this time.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*An employee who resigns must wait one (1) calendar year from the resignation date before they are eligible for rehire, unless otherwise approved by the Human Resource Director or his/her designee.**