



# 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*

**To Williamson County School District:**

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

I understand this letter cannot be rescinded without express approval of the Superintendent or his designee.

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

Position(s) *\*Please note all positions\** \_\_\_\_\_

School/Department/Location(s) \_\_\_\_\_ Subject if Applicable \_\_\_\_\_

**Please select resignation option:**

**A: Resigning Position(s):**      All Positions                                      Full-Time Position Only                                      Part-Time Position Only

I will remain employed as:    Substitute      Supplement      Tutor      SACC Worker      Other: \_\_\_\_\_

*If you wish to remain a volunteer, please email Sweta Muralicaanthan at sweta.muralicaanthan@wcs.edu.*

**B: Resigning until eligible for full retirement, will apply for WCS Retiree Benefits upon resignation**

*(To be eligible for option B, Employee must have a hire date prior to July 1, 2009. Employee must also have 10 continuous years of service with Williamson County Schools and be age 55 OR must have 30 continuous years of full-time service with WCS regardless of age.)*

If you selected B, Please initial: \_\_\_\_\_ I am aware that 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. *\*(Employee must also complete Notice of Change in Benefits form and attach if transitioning from a Full Time to a Part Time Position)*

**My reason for resigning is:**

Relocating out of the area      Transitioning into a new career      Pursuing an advanced degree      Military

Personal Reasons      Personal or Family Illness      Staying home with children

Salary/Benefits/Rate of Pay      Conflict with an Employee/Supervisor

Accepted a position with the following school district/company: \_\_\_\_\_

Due to:      Salary/Benefits/Rate of Pay      Moving with family      Closer to home      Other

Other (please explain) \_\_\_\_\_

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

*An employee who resigns must wait one calendar year from resignation date before they are eligible for rehire.*

Please note: You are responsible for updating your email address, as access to WCS account will be shut off after your date of resignation.

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

**If relocating please complete:**

My new address will be \_\_\_\_\_ Effective date \_\_\_\_\_

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

Employee Signature

\_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor (Print Name and Sign)

\_\_\_\_\_ Date \_\_\_\_\_