



Hertford County Public Schools

Employee Resignation Form

Each employee exiting from the district must complete the following information and an exit survey.

Employee Information

Name _____ Last 4 of SSN _____

Forwarding Address _____

City, State, Zip Code _____

School/Location _____ Position _____

Date _____ Effective Date of Resignation _____

Reason for leaving: check all that apply

____ Continuing education ____ Family/Personal Reasons ____ Promotion

____ Relocating ____ Retirement ____ Same position in another district

____ Other please

specify: _____

*If you are transferring to another LEA or a NC state agency your sick and annual leave **will transfer** with you. If you are not transferring you **can receive** a pay out after 31 days. Please check one of the following.* By requesting payout, I am affirming that I will not be working for an LEA or state agency in North Carolina.

I am:

____ Transferring to another LEA or NC state agency ____ Requesting Payout

Employee Signature _____ Principal/Supervisor

Signature _____

Superintendent Signature _____

Return original signed form to Human Resources at the District Office 701 N. Martin Street Winton, NC 27986