

Haywood County Schools

1230 North Main Street Waynesville, NC 28786 828 456 2400 Anne G. Garrett, Ed., D. Superintendent



EMPLOYEE RESIGNATION STATEMENT

I hereby voluntarily resign my employment with the Haywood County Schools effective as of ______.

I hereby affirm that I was not asked, coerced or forced to resign by my employer but hereby choose to resign of my own free will. I hereby agree that my employer has made no representations regarding the effect of my resignation on any pending or future investigation and/or matters arising from such investigations, if any, including but not limited to, possible reports to and/or cooperation with law enforcement, DSS and/or the State Board of Education. Again, I simply wish to resign or retire and believe that such action is in my personal best interest.

** I understand and acknowledge that I may choose to consult an attorney regarding my decision to resign before signing this form.

Employee Signature	Print Name	Date
Witness		
Acceptance of resignation	Superintendent	Date
□ Retirement		
□ Non-renewal of contract		
□ Relocation in state		
□ Relocation out of state		
\square Plan to teach in other NC school	ol system	
\square Plan to teach in private or char	ter school	
\square Plan to teach out of state		
□ Family health care, child care, or other family obligation		
Dissatisfied with teaching profe	ession	
Career change to		