

Cumberland County Schools
TENDER OF RESIGNATION

REVISED 6.7.17

I hereby tender my resignation from employment with the Cumberland County Schools. I understand that the employment release date will be in compliance with the CCS board policy code 7900 which establishes a 30-day notification period with the signed submission of this form. Early release may be approved by the supervisor as verified by a date and signature on the bottom of this form. If you would like to complete the optional online exit survey, click here: [Exit Survey](https://goo.gl/forms/d3Lso5pW53dCIvRv1), or visit <https://goo.gl/forms/d3Lso5pW53dCIvRv1>.

Signature

Date

RESIGNATION DATA
Please Print

Name _____

Last

First

Middle

Address _____ City _____ Zip Code _____

Sex _____ Race _____ Date of Birth _____ Social Security # _____

School or Department _____ Specific Assignment _____

Are you tenured? (Teachers Only) _____ Yes _____ No

Would you accept re-employment with the school system? _____ Yes _____ No

REASON FOR SEPARATION (Check One):

HRMS Code

For Human Resources Use Only

- Retired with full benefits (66)
- Retired with reduced benefits (68)
- Re-employed retired teacher resigned (73)
- Moved to a non-teaching position in another LEA or agency (59)
- Resigned – In lieu of dismissal (55)
- Resigned – To teach in another NC system. *Please specify LEA* _____ (58)
- Resigned – To teach in another state. *Please specify state* _____ (62)
- Resigned – Career change (72)
- Resigned – Dissatisfied with teaching (63)
- Resigned – Family responsibility / Child care (57)
- Resigned – Family relocation due to military orders (76)
- Resigned – Family relocation (61)
- Resigned – End of VIF term (74)
- Resigned – To continue education / Take a sabbatical (60)
- Resigned – Because of health / Disability (64)
- Resigned – Reason unknown (69)
- Resigned – Other Reason(s) *Please specify* _____ (65)

Comments: _____

Effective Date of Release: _____ (Effective 5:00 p.m. on this date)

Principal/Supervisor's signature: _____ Date: _____

RETURN TO:

FOR CERTIFIED PERSONNEL-Send to CCS Human Resources Attention: Bobbi Jo Pova

FOR CLASSIFIED PERSONNEL-Send to CCS Human Resources Attention: Jo-Ann Tumilty

INSTRUCTIONS FOR COMPLETING

TENDER OF RESIGNATION

1. Employee reads, signs and dates disclosure at the top of the resignation form.
2. Employee completes the resignation data (please print).
3. Employee completes reason for separation (check one).
4. Principal/Supervisor will complete the effective date of release and sign the form at the bottom.
5. Employee may complete an online exit survey (this is optional).

<https://goo.gl/forms/d3Lso5pW53dCIvRv1>

Notes:

*If you resign **during** the school year, all insurance benefits applicable to your present contract will be terminated the last day of the month you resign. If you have accepted employment with a North Carolina State Agency or some other public school system in North Carolina, it is your responsibility to notify our health insurance clerk so that your coverage will not be automatically terminated. Under COBRA federal regulations, you are permitted, at your expense, to continue insurance coverage for 18 months after employment with Cumberland County Schools terminates. If you are interested in pursuing these options, please review the attached page and contact the appropriate personnel within 60 days from the last day of employment. If your coverage is not listed below, please contact our health benefits representative at (910) 678-2321.

*If you resign at the **end** of the school year or **prior** to the first day of the upcoming school year, all benefits (Retirement, Contributions, Hospitalization Insurance, Life Insurance, etc.) will be cancelled as of the last day for staff of the prior school year. If you have accepted employment with a North Carolina State Agency or some other public school system in North Carolina, it is your responsibility to notify our health benefits representative so that your coverage will not be automatically terminated. Under COBRA federal regulations, you are permitted, at your expense, to continue insurance coverage for 18 months after employment with Cumberland County Schools terminates. If you are interested in pursuing these options, please review the attached page and contact the appropriate personnel within 60 days from the last day of employment. If your coverage is not listed below, please contact our health benefits representative at (910) 678-2321.

*In regards to any supplement and how this can be effected by a resignation:

The board annually provides a local salary supplement contingent upon the availability of funding from the board of county commissioners and subject to schedules adopted by the board. Teaching supplements will be paid according to the following conditions:

1. To be eligible for any part of the salary supplement, a teacher must be on the payroll at the end of the tenth month, specified ending date of his or her contract, or on a board-approved leave of absence.
2. The requirement that a teacher be on the payroll at the end of the tenth month to qualify for any portion of the county salary supplement may be waived for teachers who, for medical reasons, resigns or retires. Waivers must be approved by the superintendent.