

SEPARATION NOTIFICATION

| l,, | have decided to | end my employm | ent with the |
|---|---|--|--|
| (Full Name) | | | |
| Currituck County Schools effective at the end | d of day: | | |
| | (La | st Date of Employ | yment) |
| Reason for Resignation: (Please check one): | | | |
| Teach in Another NC District | Teach in a Private School | | |
| Teach in Another State | Health (Personal or Family) | | |
| Teach in a Charter School | Accept a Non-Teaching Position in Education | | |
| Career Change | Job Dissatisfaction | | |
| Relocation | To Attend School | | |
| Retirement* | Other | | |
| *Unable to work/volunteer for 6 months in any NC School System | (Ple | ase Specify) | |
| I understand it is my responsibility to contac Annual/Sick Leave balan | • | | |
| Forwarding Address (Must Complete In orde | r to Receive W-2) | : | |
| (Street) | (City) | (State) | (Zip Code) |
| I affirm that I choose to resign of my own fre that my employer has made no representation limited to any representations regarding the I understand that I had the ability to consult resignation. | ons to me in refer effect of my resig | ence to my resigr gnation on any pe | nation, including but not ending or future investigatio |
| Sincerely, | | | |
| (Employee Signature) | (Date) | | |
| (Supervisor's Signature) | (Date) | | |