



THOMASVILLE CITY SCHOOLS
Human Resources Department 400 Turner Street, Thomasville, NC 27360
Resignation Form

Name _____ Social Security Number _____

Address _____ Phone _____

City/State/Zip Code _____

<u>All Current Positions:</u>	<u>Hours per Day:</u>	<u>School/Department:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Submit to Human Resources immediately upon completion and signature. Do not hold/retain. Resignations can only become effective once received in the Human Resources Office.

I hereby resign my position with the Thomasville City Schools effective at the end of the day on _____

EXPECTED/REQUIRED NOTICE:

Classified Positions: At least fourteen (14) calendar days' notice is expected.

Licensed Positions: State law stipulates at least thirty (30) calendar days' notice.

REASON FOR RESIGNATION: Check One. Numbers in parenthesis are state reason codes used for reporting.

- | | |
|---|---|
| _____ Retirement (66 or 68) | _____ Failure to Obtain/Maintain License (56) |
| _____ To Teach in Another NC System (58) | _____ Family Responsibility (57) |
| _____ To Teach in a NC Charter School (70) | _____ Relocation (61) |
| _____ To Teach in a NC Non-Public/Private School (71) | _____ To Attend School (60) |
| _____ To Teach in Another State (62) | _____ Job Dissatisfaction (63) |
| _____ Health (Personal or Family) (64) | _____ Career Change (63) |
| _____ To Accept a Non-Teaching Position in Education (59) | _____ To Accept Other TCS Employment: |
| _____ Other _____ (65) | New Position & Location _____ |

I am voluntarily submitting this resignation on my own free will.

_____	_____
Employee's Signature	Date Signed

An exit interview is optional prior to your departure. If you would like to schedule an appointment, please call Human Resources. If you prefer to complete an anonymous exit survey, please provide a valid email address.
Email address: _____

FOR HUMAN RESOURCES USE ONLY

Resignation Accepted By: _____ Date: _____ Effective Date of Resignation: _____

Retirement Date: _____

THOMASVILLE CITY SCHOOLS

Insurance Coverage for Resigning/Retiring Employees

Please initial the option(s) you choose.

SunLife Dental Insurance

_____ I elect to stop my dental insurance coverage effective _____.

OR

_____ I elect to continue my dental insurance coverage for up to eighteen (18) months. I understand that I will receive notification of my right to continue coverage from the COBRA administrator with enrollment instructions.

Colonial Supplemental Group Term Life Insurance

_____ I understand my \$ _____ life insurance coverage will end _____ . To continue your coverage at the current active employee rate, please complete the attached Colonial Life portability form and mail directly to Colonial Life. For questions, please contact Pierce Group Benefits at 888-662-7500.

OR

_____ I do not wish to continue my life insurance coverage on an individual basis.

Superior Vision Insurance

_____ I understand that my vision insurance coverage will terminate effective _____.

OR

_____ I elect to continue my vision insurance coverage for up to eighteen (18) months. I understand that I will receive notification of my right to continue coverage from the COBRA administrator with enrollment instructions.

Colonial Insurance (Cancer, Disability, Accident, Universal Life, etc.)

_____ I elect to stop my Colonial insurance coverage effective _____.

OR

_____ I elect to continue my Colonial insurance coverage. I will contact Pierce Group Benefits at 888-662-7500 to discuss my options for continuing my coverage on individual pay.

Medical Reimbursement/Dependent Care Flexible Spending Account

_____ I understand if I am currently enrolled in a Medical and/or Dependent Care FSA that I may not submit claims for expenses incurred after _____, my termination date. If you qualify for medical flexible spending account COBRA continuation, Ameriflex will contact you directly after your last day worked.

Employee Signature _____ Date _____

Street Address _____ City _____

State _____ Zip _____ Employee ID _____

Date of Birth _____ Telephone Number _____