

# Carteret County Schools Tender of Resignation

I, \_\_\_\_\_, hereby tender my resignation as a \_\_\_\_\_ at \_\_\_\_\_ to take effect at the close of the day on \_\_\_\_\_.

*\*Licensed employees must give a minimum 30 calendar days' notice prior to resigning from the school system. Failure to give timely notice may result in license revocation as outlined in G.S. 115C-325(o). Non-licensed support staff should give at least 14 calendar days' notice prior to resigning from the school system.*

**Reason for Resignation:** Please check one. (The listed numbers below align to state codes for reporting purposes)

- |   |  |
|---|--|
| <input type="checkbox"/> Retirement (66 or 68)            | <input type="checkbox"/> Teach in a non-public/private school (71)                       |
| <input type="checkbox"/> Failure to Maintain License (56) | <input type="checkbox"/> Move to a non-teaching position in another NC system (59)       |
| <input type="checkbox"/> Teach in Another NC System (58)  | <input type="checkbox"/> Movement to a non-teaching position in Carteret Co Schools (75) |
| <input type="checkbox"/> Teach in Another State (62)      | <input type="checkbox"/> Health (Personal or Family) (64)                                |
| <input type="checkbox"/> Family Responsibility (57)       | <input type="checkbox"/> Dissatisfied with Teaching (63)                                 |
| <input type="checkbox"/> Family Relocation (61)           | <input type="checkbox"/> Career Change (72)  |
| <input type="checkbox"/> Attend School (60)               | <input type="checkbox"/> Other _____   |

I wish to state that I have no claims or grounds for any claims against my employer based upon my time of employment with Carteret Count Schools and I am submitting this resignation of my own free will. I also understand that I will return any property or monies belonging to Carteret County Schools prior to my resignation effective date.

I further affirm that I was not asked, coerced or forced to resign by my employer but hereby choose to resign of my own free will. Except as stated herein, 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 investigation, including but not limited to, possible reports to and cooperation with law enforcement, the Department of Social Services and/or the State Board of Education.

I understand that I have the ability to consult an attorney at my own cost and expense before signing this resignation.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

*\*Please submit to Human Resources immediately upon completion. Resignation only becomes effective once received in the Human Resources Office. Once submitted, the employee cannot rescind a resignation without the Superintendent's approval. We encourage each employee to complete an Exit Survey provided by Human Resources.*

---

**For Human Resources Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
Human Resources

Accepted and Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent

Board Date: \_\_\_\_\_