

**Cumberland County Schools  
TENDER OF RESIGNATION**

REVISED 9.9.20

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 \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle  
City State Zip Code

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employee ID # \_\_\_\_\_

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**

(Codes are 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 *LEA* \_\_\_\_\_ (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)
- Resigned – COVID 19 concerns *Please specify* \_\_\_\_\_ (CR)

**THIS SECTION BELOW IS COMPLETED BY SCHOOL ADMINISTRATION ONLY**

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

Principal/Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO CCS Human Resources Attention:  
FOR CERTIFIED PERSONNEL- Bobbi Jo Pova FOR CLASSIFIED PERSONNEL- Robbyn Gerald**

## Important Information Regarding Your Resignation

- ✓ Employee reads, signs and dates disclosure at the top of the resignation form.
- ✓ Employee completes the resignation data (please print).
- ✓ Employee completes reason for separation (check one).  
Principal/Supervisor will complete the effective date of release and sign the form at the bottom.
- ✓ Employee may complete an online exit survey (this is optional). <https://goo.gl/forms/d3Lso5pW53dClvRv1>
- ✓ **Classified Positions:** At least fourteen (14) calendar days' notice is expected. Less notice will be included as part of the personnel record of the employee and may influence future district employment.
- ✓ **Licensed Positions:** State law stipulates at least thirty (30) calendar days' notice. License revocation is allowable when acceptable notice is not given.
- ✓ **Administrative Positions:** At least sixty (60) calendar days' notice is expected. Less notice will be included as part of the personnel record of the employee and may influence future district employment.

### Leave Balances

- **Leave in Case of Transfer between LEAs:** If you transfer between LEAs or to a state agency, and the new employment is obtained within 31 calendar days from the date of separation, (as reported by the resigning employee), leave balances must be transferred to the hiring school system.
- **Annual Leave in Case of Transfer to/from Other State Agencies:** Leave may be transferred to and from a state agency or institution, community college, public university, technical institute, or from and organization covered by the State Personnel Act (e.g. some county agencies of mental health, public health, social services, or emergency management) if the agency is willing to accept the transfer. All or any portion of the unused leave may be accepted.
- **Non-acceptance of Credit:** If the receiving agency refuses to accept credit for unused annual vacation leave or bonus leave, you will be paid in a lump sum for up to 30 days or 240 hours of accumulated annual vacation leave and for the bonus leave.
- **Banking of Leave:** If you resign and are not immediately rehired in another North Carolina school system, the sick leave and personal leave are kept in a "bank" for 60-63 months (based on your months of service) and payment is made for annual leave days. Reinstatement of sick and personal days must follow the provisions of G.S.115c-336.
- **Payout of Leave:** Employee who are not employed by another NC LEA or NC State agency will receive a payout of unused annual and bonus leave based on limits provided by law.
- **Charter Schools:** There is no provision for public school employees to transfer leave to or from charter schools

### 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, contact our health benefits representative at (910)678-2321 within 60 days from the last day of employment.

\*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, contact our health benefits representative at (910)678-2321 within 60 days from the last day of employment.

\*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.

# Cumberland County Schools Employee Exiting Procedures

Highlighted items must be returned to Technology

Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_

School or Office: \_\_\_\_\_

Date of Last Day of Employment at above school/office: \_\_\_\_\_

I have turned-in the following items to appropriate administration:

\_\_\_ Keys \_\_\_ Cell Phone \_\_\_ CCS ID Badge \_\_\_ **Laptop (with charger)** - **FA#** \_\_\_\_\_

\_\_\_ **iPad (with charger)** and **Apple Pen** (Passcode disabled, Find my iPad/iCloud disabled, Apple ID signed out, Reset to factory defaults). **These steps MUST be completed before items are returned.**

\_\_\_ **iPhone (with charger)** (Passcode disabled, Find my iPad/iCloud disabled, Apple ID signed out, Reset to factory defaults). **These steps MUST be completed before items are returned.**

\_\_\_ I would like my Google Drive contents transferred to the following employee, \_\_\_\_\_ so documents that I created and shared with staff will not be lost.

My signature indicates that I have not removed any equipment, materials, nor have I deleted any electronic files that belong to the school named above or the school system. This includes files created by me for the school's purpose. I understand that my CCS G Suite for Education account will be disabled and deleted. I also attest I have closed out all obligations to include but not limited to Financial Records, Evaluations, etc. due at this time.

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*Employee's Signature* *Position* *Date*

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I attest that the above information is correct and that I have notified the Technology Department by e-mail, at [chrisyoung@ccs.k12.nc.us](mailto:chrisyoung@ccs.k12.nc.us), or by fax at 678-2530, to remove the above name from the login system and e-mail:

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*Signature of Person Completing Form* *Position* *Date*

**Central Services Offices: Fax to Human Resources at 678-2344**

C: Employee's Personnel File