

STAFFORD COUNTY PUBLIC SCHOOLS

Request for Voluntary Termination of Employment

Instructions: This form must be completed by any employee who wishes to be released from his/her current contract and/or does not wish to be re-employed for the following contract year. **Once completed, this form should be returned to the Department of Human Resources for processing.**

Employee Name: _____ Employee ID: _____

School/Worksite: _____ Department: _____

Position: _____ ☐ Full-time ☐ Part-time

Home Address: _____

Phone Number: _____ HOME _____ Email Address: _____ HOME _____

_____ MOBILE _____ OTHER _____

I, _____ wish to voluntarily terminate my employment with
PRINT NAME

Stafford County Public Schools effective _____ for the following reason(s):
DATE OF RESIGNATION

- ☐ Retirement
- ☐ Family transfer
- ☐ Relocation out of immediate area
- ☐ Family/personal health reasons
- ☐ Promotional opportunity
- ☐ Economic reasons ☐ Insufficient Salary ☐ Insufficient Benefits ☐ Other (specify) _____
- ☐ Employment within another school division (specify school division) _____
- ☐ Employment in a field outside of education (specify field) _____
- ☐ Dissatisfaction with current employment (please provide feedback in the *Additional Comments* section below)
- ☐ Other (specify) _____

Please send my mandatory exit paperwork via (check one): ☐ Email ☐ Interoffice Mail ☐ U.S. Mail

I would also like to receive information about becoming a substitute teacher for SCPS. ☐ Yes ☐ No

Additional Comments:

EMPLOYEE SIGNATURE

DATE

• BELOW THIS LINE FOR HUMAN RESOURCES USE ONLY •

DATE RECEIVED _____ TERMINATION EFFECTIVE _____ ☐ WITH PREJUDICE

☐ SCANNED ON _____ ☐ EXIT PACKET SENT ON _____ BY _____

NOTES _____