KING WILLIAM 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: _____ SS# (last 4 digits) _____

School/Worksite: _____ Department: _____

Position: _____ □Full-time □Part-time

Home Address: _____

Phone Number: _____ (Home)

I, _____ wish to voluntarily terminate my employment with King William County Public Schools effective _____ for the following reason(s):

☐ **Retirement**

☐ **Family Transfer**

☐ **Relocation out of immediate area**

☐ **Family/personal health reasons**

☐ **Promotional opportunity**

☐ **Economic Reasons** **□Insufficient Salary** **□Insufficient Benefits**

☐ **Employment within another school division**

☐ **Employment in a field other than education**

☐ **Dissatisfaction with current employment** (please provide feedback in the *Additional Comments* section below)

Additional Comments:

_____ _____

Employee Signature Date

BELOW THIS LINE FOR HUMAN RESOURCES ONLY

Date Received _____ Termination Effective _____

Rehire Status: □ Eligible for rehire □ Not eligible for rehire

No rehire status due to: _____

Signature of HR Director: _____ Date: _____