



**CABELL COUNTY PUBLIC SCHOOLS  
2850 FIFTH AVENUE  
HUNTINGTON, WEST VIRGINIA 25702  
EMPLOYEE RESIGNATION FORM**

(Please Print)

Name \_\_\_\_\_

Employee ID 9120 \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Location/School \_\_\_\_\_

Current Position \_\_\_\_\_

Grade/Subject \_\_\_\_\_  
(if applicable)

Extra-Curricular Position(s) \_\_\_\_\_  
(if applicable)

Reason for Resignation \_\_\_\_\_  
(please check one)

Moving \_\_\_\_\_

Other Employment \_\_\_\_\_

Personal \_\_\_\_\_

Retirement \_\_\_\_\_

Last day worked/Effective resignation date \_\_\_\_\_

Employee Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

**OFFICE USE ONLY**

Board agenda effective resignation date \_\_\_\_\_

Approved by \_\_\_\_\_

Exit interview date \_\_\_\_\_

Returned items: ID Badge \_\_\_\_\_ Key Card \_\_\_\_\_ Keys \_\_\_\_\_ Other \_\_\_\_\_

Eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_