



CABELL COUNTY PUBLIC SCHOOLS
2850 FIFTH AVENUE
HUNTINGTON, WEST VIRGINIA 25702

EMPLOYEE RESIGNATION FORM

(Please Print)

Name _____

Employee ID 91200 _____

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	
Effective date of resignation for board agenda	_____
Approved by	_____
Exit interview date	_____
Returned items	ID Badge _____ Key Card _____ Keys _____ Other _____
Eligible for rehire	Yes _____ No _____