



# Surry County Public Schools

## REQUEST FOR TERMINATION OF EMPLOYMENT

### INSTRUCTIONS:

1. All employees who wish to be released from their current contract or do not wish to be reemployed with SCPS for next year please fill-out this form.
2. Proper channel for this request is to first give it to your Principal/Supervisor.
3. Action is required on the request at the appropriate level indicated on this form. Upon final action by the School Board, copies of the form will be returned to all appropriate persons indicating final action taken.

I, \_\_\_\_\_ wish to resign from my position with Surry County Public  
(NAME)

Schools for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

If approved, my last day of employment will be \_\_\_\_\_  
(DATE)

Home Address \_\_\_\_\_

Telephone# \_\_\_\_\_ School \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Signature of Principal/Department Head \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

### Accumulated Leave Time

1. Sick & Vacation leave will be given upon approved termination of employment for RETIREMENT only in the following manner.
  - a) Vacation leave that is not used will be given at the current daily rate divided by two.
  - b) Sick leave that is not used will be given at the current rate of \$30 per day.
2. Terminating for other reasons sick leave may be transferred to another school division in Virginia.

\_\_\_\_\_ I am retiring, please pay accumulated sick and vacation leave.

Employee Name (Please Print) \_\_\_\_\_ Social Security# \_\_\_\_\_

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

**COBRA NOTIFICATION:** I understand that under the COBRA law, I have sixty (60) days, beginning on the date that regular coverage ends, to apply for continued coverage of the medical and dental insurance. For information regarding coverage during the period, please call the Payroll Department at (757)294-5229.

### TO BE COMPLETED BY THE DEPARTMENT OF HUMAN RESOURCES

Resignation approved effective at end of workday on \_\_\_\_\_

Personnel Administrator \_\_\_\_\_

Signature

Date

### **PAYROLL: PLEASE PAY**

\_\_\_\_\_ Days of Sick Leave

\_\_\_\_\_ Days of Vacation Leave