

**EMPLOYEE RESIGNATION FORM**

Name of Employee \_\_\_\_\_

SSN \_\_\_\_\_ School/Office \_\_\_\_\_

This is to certify that I am resigning as \_\_\_\_\_ with the  
Williamsburg County School District effective \_\_\_\_\_

The reason(s) for my resigning is (are):

\_\_\_\_\_  
\_\_\_\_\_

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