

# VOLUNTARY RESIGNATION FORM

Greeneville City Schools

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER (Last 4 digits) \_\_\_\_\_ XXX-XX-\_\_\_\_\_

JOB TITLE \_\_\_\_\_

LOCATION (Circle) ABE BUS CO-GC CO-KL ESP EV HH HI GHS GMS GTC  
SUBSTITUTE TV Other \_\_\_\_\_

This form represents confirmation of my intention to leave Greeneville City Schools. My last day of work will be \_\_\_\_\_. The reason I am leaving Greeneville City Schools is checked/detailed below and/or on the attached resignation letter.

- Another Job
- Medical Reason(s)
- Relocation
- Retirement
- Other (Please detail reason.) \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Witness Date