

# Wood County Educational Service Center

1867 N. Research Drive, Bowling Green, OH 43402

phone: 419.354.9010 fax: 419.354.1146

## Employee Resignation Form

Printed Name: \_\_\_\_\_  
Last First Middle

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Effective Date of Resignation for TIME SLIP employees: \_\_\_\_\_  
List the date **AFTER** your last work day.

Effective Date of Resignation for SALARIED employees resigning PRIOR to the end of their contract: \_\_\_\_\_  
List the date **AFTER** your last work day.

Effective Date of Resignation for SALARIED employees resigning at the END of their contract: \_\_\_\_\_ Stretch Pay - YES

*If you DO want your pay stretched over the summer, list the effective date of August 5<sup>th</sup> if you are a teacher or paraprofessional, or July 31<sup>st</sup> if you are an administrator. If you have ESC insurance, your coverage will end at midnight on the last day of August for Teachers & Paraprofessionals, and July for Administrators.*

Effective Date of Resignation for SALARIED employees resigning at the END of their contract: \_\_\_\_\_ Stretch Pay - NO

*If you do NOT want your pay stretched over the summer, list the effective date as the day **AFTER** your last day of work. If you have ESC insurance, your coverage will end at midnight on the last day of the month you resigned.*

### Indicate Reason for Resignation:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accepted New Job         | <input type="checkbox"/> Relocation      | <input type="checkbox"/> Completion of Assignment |
| <input type="checkbox"/> Returned to School       | <input type="checkbox"/> No Reason Given | <input type="checkbox"/> Decline Assignment       |
| <input type="checkbox"/> Dissatisfaction with Job | <input type="checkbox"/> Other: _____    |   |

Upon resignation, you must surrender all property of the Wood County Educational Service Center, which includes, but is not limited to; cell phone, laptops, software, keys, manuals, etc. to your supervisor.

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion, please return to:** Wood County E.S.C., Office of the Executive Secretary.

Board Action Date: \_\_\_\_\_