



Norfolk Public Schools
The cornerstone of a proudly diverse community

Resignation and Extended Leave of Absence Form # A-30

Date: _____

To the Chief Human Resources Officer:

Please consider this my:

resignation. I have checked the appropriate reason box below.

- | | |
|---|---|
| <input type="checkbox"/> Dissatisfaction | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Personal Illness |
| <input type="checkbox"/> Health & Safety Concerns | <input type="checkbox"/> Personal Reasons |
| <input type="checkbox"/> Higher Salary | <input type="checkbox"/> Private School Employment |
| <input type="checkbox"/> Household Duties:
Non-Parenthood | <input type="checkbox"/> Reason Not Listed (Please give reason.) _____ |
| <input type="checkbox"/> Household Duties:
Parenthood | <input type="checkbox"/> Relocation: Military (Please give city and state.) _____ |
| <input type="checkbox"/> Other Employment
Outside of Education | <input type="checkbox"/> Relocation: Non-Military (Please give city and state.) _____ |
| | <input type="checkbox"/> Retirement |
| | <input type="checkbox"/> Teaching in Virginia (Please give district name.) _____ |
| | <input type="checkbox"/> Teaching Outside of Virginia (Please give city and state.) _____ |

request for a leave of absence not to exceed one school year. I have checked the appropriate reason box below and have provided **appropriate documentation.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Death in Family | <input type="checkbox"/> Personal Illness | <input type="checkbox"/> Professional Improvement |
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Motherhood/Fatherhood | <input type="checkbox"/> Quarantine |
| <input type="checkbox"/> Military Service | <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Religious Holidays |

I wish for this change to become effective (mm/dd/yy): _____

Name: _____

Employee ID Number: _____

Current Assignment/Position: _____

Current Location/Department: _____

Please print and sign this completed form and forward it to the Chief Human Resources Officer.

Employee's Signature

Principal's, Site Coordinator's, or Department Supervisor's Signature

- Recommended Not Recommended

Human Resources Use Only

Received By: _____ Date (mm/dd/yy): _____

Human Resources Administrator: _____