



Human Resources Department

Resignation • Retirement • Termination

Return this form to the Human Resources Department

Effective Date (last day worked) _____			EIN:
Name: Last _____	First _____	MI _____	Phone No. ()
Address Street _____	City _____	Zip _____	Alternate Phone No. ()
Campus/Department:		Position and Assignment:	

I understand that my final check will be mailed to the address listed on this form. I further understand that my final check will be paid in accordance with District procedures after receipt of this form in the Payroll Department.

Reason(s) for request:

Action cannot be taken on this request unless the employee fully explains reason(s) for this request. Please check all that apply and use comment section for those not listed or to explain further.

- Retirement
Date of birth _____ Years of service in education _____ Years with CISD _____
 - Termination
 - Resignation
 - relocation
 - career change
 - retirement in another district
list district _____
- If you are requesting retirement, complete the following:
 Date of birth _____ Years of service in education _____ Years with CISD _____
 Have you requested your "Estimate of Benefits" from TRS (TRS form 18)? yes no
- family health / welfare / status
 - economic reasons
 - further education
 - job dissatisfaction
 - certification
 - position with another district

If you want your credentials sent to a different address or another district, please indicate district or alternate address below:

Comments/Other information

Section to be completed by principal/supervisor on employee's final day

- yes no Did the employee receive a stipend for supplemental duties?
- yes no Employee has cleared all records, keys, equipment, materials, books, etc. with immediate supervisor.

If no, state reason: _____

 Signature of Principal/Supervisor

 Date

 Employee signature

 Date

 Principal/Supervisor signature

 Date

 Human Resources signature

 Date