



Resignation/Retirement Form

Office of Human Resources

Please select one:

- Retire
 Resign
 Administrative Resignation
 Termination
 Deceased

Last Date Worked _____
 Check this box if working summer school

Employee Name _____ ID Number _____
Last First Middle

Address _____
Street City State Zip

Personal Email _____ Phone # _____

Date of Birth _____ Driver's License # _____ Check here if you are part time (50%)

Campus/Department _____ Position/Assignment _____

JULY CONTRACT & AUGUST CONTRACT EMPLOYEES - COMPLETE THIS QUESTION

If I qualify, I would like to keep **ALL** of my insurance through the end of August. I understand all of the summer premiums will be taken from my last paycheck. Yes, keep my insurance through August 31st No

RETIREES - COMPLETE THIS SECTION

Total HEB ISD years of service _____ Total TRS years of service _____ # of days I want to donate to the sick leave bank (up to 30 days)

The following options are only for employees who work through the end of the school year & complete all contract days!

- Month I would like to receive my final paycheck
 June
 July
 August
 Date I want all of my insurance to end
 May 31st
 June 30th
 July 31st
 August 31st
 N/A

RESIGNATIONS - COMPLETE THIS SECTION

Please briefly explain your reason(s) for resigning. (Feel free to attach a resignation letter if needed.)

ALL EMPLOYEES - Please submit this form to the Office of Human Resources

Your credentials will be returned to you upon request following your last paycheck. If you paid into the Teacher Retirement System and wish to withdraw these funds, you must contact the Payroll Office to complete the appropriate TRS form. Contact the Employee Benefits Office within 30 days from your resignation date concerning your rights to continuation of insurance coverage. Upon the termination of any person's association with the District, all permission to possess, receive, or modify the District's intellectual property shall also immediately terminate. All such persons shall return to the District all intellectual property, including but not limited to any copies, no matter how kept or stored, and whether directly or indirectly possessed by such person. (Policy CY (Local))

- I understand, per Board Policy DFE (Local), the Superintendent or designee shall be authorized to receive a contract employee's resignation effective at the end of the school year or submitted after the last day of the school year and before the penalty-free resignation date. The resignation requires no further action by the District and is accepted upon receipt. Once submitted and accepted, the resignation of a contract employee may not be withdrawn without consent of the Board.
 I Accept - By selecting this button, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

Employee's Signature _____ Date _____

Received by Human Resources _____ Date _____

Received by Superintendent _____ Date _____

For Office Use Only: UNOCC / DISEML / USFP / ULTE / CHAPP

Revised 12.5.22

Confirm separation date _____
 (If different than last date worked)

Separation Reason Code: _____