

LEWISVILLE INDEPENDENT SCHOOL DISTRICT

RESIGNATION FORM

Office Use Only

Last Check Date

Each employee exiting from the district must complete the following information.

NAME: _____

SS# _____

Forwarding Address: Street: _____

City, State: _____

Zip Code: _____

Phone: (____) _____

Effective Date of Exit: _____

Month / Day / Year

CAMPUS: Number _____

Name _____

Position/Assignment: _____

Position Control No _____

Check all reasons for leaving (to be completed for all voluntary resignations):

Moving from district

Family circumstances

Took a new position

Returning to school

Dissatisfied with type of work

Position with other district

Other _____

Comments: _____

Check appropriate type of termination:

Dismissal

Reduction in force

Resignation

With notice

Without notice

Other Retirement

Extended disability

Nonrenewal

Other

Check-out procedures (Where applicable, review and discuss the following items):

Health insurance

Group life insurance

Unemployment insurance

Disability insurance

Release of information

Notification to court and recipient

of child/spousal support

District property

Keys

Books

P-Card

Tools/Equipment

Phone/Radio/Pager

Laptop/Computer Equipment

Other

Comments: _____

Employee Signature

Date

Administrative Signature

Date

Distribution: Personnel (original signed document)
Payroll (2 copies)
Employee (1 copy)

Instructions for submission: (1) fill out form electronically (2) print form by clicking here
(3) sign form in BLUE ink (4) obtain administrator or principal signature (5) submit form to Human Resource Services ASAP
(6) complete exit survey by clicking here