

**LEWISVILLE INDEPENDENT SCHOOL DISTRICT
RESIGNATION FORM**

Each employee exiting from the District must complete the following information: (PLEASE TYPE, PRINT FORM AND SIGN IN BLUE INK)

Name: _____ SS#: _____

Forwarding Address: _____

City, State, Zip: _____ Phone: _____

ORG/Campus#: _____ Campus/Dept: _____ Effective Date of Resignation: _____
(Actual Last Day Worked): _____

NOTE #1 – BENEFITS: Insurance benefits for employees working through the end of the contract year or school year will terminate on the last day of the month in which the final paycheck is received, except for medical insurance, which may be continued through August 31. Otherwise, insurance benefits will end as of the last day of the month in which the employee resigns, retires, or is terminated.

NOTE#2 – EMPLOYEE RECORDS: Some personnel records are not kept permanently. If you would like your original transcripts and/or service records, please request these documents from Human Resource Services within six months of your resignation date.

This box for HR use only	
Position/Assignment:	_____
Position Control No:	_____
DNF	Post

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Moving from District | <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Accepted a New Position |
| <input type="checkbox"/> Returning to School | <input type="checkbox"/> Dissatisfied with Type of Work | <input type="checkbox"/> Non-Teaching |
| <input type="checkbox"/> End of Year Position Only | <input type="checkbox"/> Retirement | <input type="checkbox"/> Teaching in Another Texas School |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Promotion in Another District |

Comments: _____

Check appropriate type of employment termination:

- | | | |
|---|--|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Dismissal | <input type="checkbox"/> Reduction in Force |
| <input type="checkbox"/> With Notice | <input type="checkbox"/> Retirement (Effective Date) _____ | <input type="checkbox"/> Nonrenewable |
| <input type="checkbox"/> Without Notice | <input type="checkbox"/> Extended Disability | <input type="checkbox"/> Other _____ |

Employee Signature (sign with blue ink)

Date

Principal/Administrator Signature (sign with blue ink)

Date

**** PRINCIPAL/ADMINISTRATOR USE** Campus Check-out procedures (Where applicable, review and discuss the following items):**

District Property Keys _____ Books _____ Laptop _____ Equipment _____ Other _____

Comments: _____

HOURLY EMPLOYEES ONLY: No. of days worked: _____

****PAYROLL OFFICE USE ONLY****

Last Check Date		Laptop Return Date		Number of days in Contract	
<input type="checkbox"/> Child/Spousal Support Notification		<input type="checkbox"/> Christmas Club Participant		<input type="checkbox"/> MD 90 Completed	

Submit form with ORIGINAL signatures to: Human Resource Services – Administration Building, 1800 Timbercreek Road, Flower Mound TX 75022