Resignation/Retirement Form

Office of Human Resource

Please select one:

☐Retire ☐Resign ☐Administrative Resignation ☐Termination ☐Deceased

Last Date Worked_____

☐Check this box if working summer school

Employee Name _____

☐

☐ ☐

_____ - 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)

manual signature on this form.

The following options are only for 5 (7 , 5 ((6 who work throuseg.h _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

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Employee's Signature _____ Date _____

Received by Human Resources _____ Date _____

Received by Superintendent _____ Date _____

For Office Use Only : UNOCC / DISEML / USFP / ULTE / CHAPP Revised . .2

Confirm separation date (if different than last date worked) _____ Separation Reason Code: _____

Click here to attach the form to an email and send to KristinHyre@hebisd.edu