



Human Resources Department

RESIGNATION FORM

RETIREMENT FORM

Important Information: Completion of this form indicates your voluntary resignation/retirement from Alief ISD (*not* just your campus/department). Do **not** complete this form if you will transfer to another work location or campus. NOTE: The form is not fillable in Schoology or the Website. To make the form fillable, (a) download the form and (b) click "View" then "Edit Form".

Today's Date: _____

Name: _____ Employee ID: _____

Campus/Department: _____ Position currently assigned to: _____

I submit my resignation/retirement from employment with AISD effective _____. This will be my last day reporting to work. I am leaving the District because _____

Your final employment information such as COBRA and service records/transcripts will be mailed; therefore, please provide an updated address below.

Permanent Address (COBRA information will be mailed to this address)

Address _____ City _____ State _____ Zip _____

Telephone Number: _____ Personal E-mail address: _____

_____ FOR CONTRACTED EMPLOYEES ONLY (please initial if you are resigning after the penalty free resignation deadline). I agree not to seek or accept a teaching or administrator position with another Region 4 school district, charter school, or private school during the _____ school year. I understand that violating this agreement may result in a report to the State Board of Educator Certification for contract abandonment.

By signing below, I recognize and agree that my electronic signature carries the same force and effect as my handwritten signature.

Signature: _____ Date: _____

My signature above acknowledges I understand and will comply with the following:

- Permanent Address is required to receive official communications from the District, final paycheck, and other documents I request
- I will return all District property
- Contact Risk Management regarding benefits coverage

Principal/Manager Acknowledgment: _____ Date: _____

Received in Human Resources: _____ Date: _____

FOR HR USE ONLY: *****

SS#	
Subject/Grade	
Last pay date	Benefits
# of days	E-mail
Agenda	Sub

LETY _____ MELISSA _____
 LIST _____ PA _____ BPLUS _____
 HD _____ DOB _____
 RISK MANAGEMENT BS MR LT