



Human Resources Department Employment Separation Form

Legal name: _____ EID: _____
Last First MI

Address: _____ Phone No.: _____
City State Zip Code

Campus/Department: _____ Position/Assignment: _____

Please check one: **Last Working Day (Date)** _____

Retirement

- **NOTE:** To be eligible for the Paid Leave upon Retirement, contract employees must submit this form 60 calendar days before the effective date of retirement. Non-contract employees must submit this form 14 calendar days before the effective date of retirement.

Resignation (please use the "Other" box for a reason not listed or to explain further)

- | | |
|--|---|
| <input type="checkbox"/> Career change | <input type="checkbox"/> Program ended |
| <input type="checkbox"/> Certification Deficiency | <input type="checkbox"/> Position with another district (Name of District: _____) |
| <input type="checkbox"/> Further Education | <input type="checkbox"/> Relocation (Where? _____) |
| <input type="checkbox"/> Health: <input type="checkbox"/> personal <input type="checkbox"/> family | <input type="checkbox"/> Stay Home |
| <input type="checkbox"/> Leave Expiration | <input type="checkbox"/> Travel distance/transportation |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Other (Specify: _____) |

Employee Benefits Cancellation/Termination of Coverage

For continuation of medical and other benefits, applicable cost and direct payment arrangements, contact the Employee Benefits Office at (956) 618-6007.

**Please retain a copy of this completed form for your records.
Principal/supervisor signature verifies acceptance of your separation.**

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

For Human Resources Department Use Only

HR Director Signature: _____ Date: _____

Processed by: _____ Date: _____

Comments: _____

Thank you for your service to the students of McAllen Independent School District!