



\_\_\_ RESIGNATION \_\_\_ RETIREMENT

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Last First MI

Location#: \_\_\_\_\_ Job Title: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_

# of years with FWISD: \_\_\_\_\_ Last Working day: \_\_\_\_\_ Resignation Effective Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Personal email: \_\_\_\_\_

Address: Current Forwarding as of \_\_\_\_\_  
Street address

10-digit phone # \_\_\_\_\_  
City/State Zip

**RESIGNATION OR RETIREMENT STATEMENT**  
(to be completed by employee)

Employee reason for resigning or retiring:

By my electronic signature below, I am voluntarily resigning from FWISD. I am aware that District benefits end at the end of the month of my last working day or resignation date, whichever is later, subject to insurance laws and rules.

I understand once this form is signed by a HCM administrator, the resignation is considered accepted and may not be withdrawn without consent of the Superintendent or designee.

If I resign after the last instructional day of the year, I acknowledge that I may continue my TRS Active HealthCare coverage through August 31 of the current year at no increase in premium deduction. I extend this benefit by submitting a continuation request to the Employee Benefits Office Service Window located at the Administration Building or contact [benefits@fwisd.org](mailto:benefits@fwisd.org).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accepted by: Human Capital Management Administrator

\_\_\_\_\_  
Date

**HUMAN CAPITAL MANAGEMENT USE ONLY**

**Check Out Procedures:** *As applicable, review the following with the employee:*

- Insurance/Payroll
- Cashier Window/Last Check \_\_\_\_\_
- TRS 6 Notice of Final Deposit
- Records Request
- Exit Survey \_\_\_\_\_ (date)

**Term Code** \_\_\_\_\_ **P.C. #** \_\_\_\_\_ **Job Code** \_\_\_\_\_ **Contract Days** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Original Hire Date** \_\_\_\_\_ **Current Hire Date** \_\_\_\_\_ **Years of FWISD Service** \_\_\_\_\_

**Ending Salary** \_\_\_\_\_ **Daily/Hourly Rate** \_\_\_\_\_ **Outside Experience** \_\_\_\_\_  
**Compensation Dept. Initials/Date** \_\_\_\_\_

**Comments:**

**Notification of Resignation given to:** \_\_\_\_\_  
(Name) (Title) (Date)

**Notified by:** \_\_\_\_\_  
Human Capital Management Administrator

**SBEC Notification Given by:** \_\_\_\_\_  
(Name) (Title) (Date)