



**RESIGNATION**

**RETIREMENT**

\*Name (Last, First, MI): \_\_\_\_\_ \*Employee ID#: \_\_\_\_\_

\*Resignation/Retirement Effective Date: \_\_\_\_\_ (please choose the exact date, not the day after)

\*Location #: \_\_\_\_\_ \*Job Title: \_\_\_\_\_ \*Supervisor: \_\_\_\_\_

\*Primary Personal Email: \_\_\_\_\_ \*Work Email: \_\_\_\_\_

\*Primary Phone Number: \_\_\_\_\_ \*Work Phone Number: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*Zip code: \_\_\_\_\_

**RESIGNATION/RETIREMENT STATEMENT**

\*Employee reason for resigning or retiring:

Any signature (including any electronic symbol or process attached to, or associated with, a record and adopted by a person with the intent to sign, authenticate or accept such record) hereto, or to any other document related to this transaction, and any record-keeping through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law, and the parties hereby waive any objection to the contrary.

By my electronic signature below, I acknowledge and agree that I am voluntarily resigning/retiring from the Fort Worth Independent School District (District). I am aware that any applicable District benefits end at the end of the month of my last working day or separation date, whichever is later, subject to applicable insurance laws and rules.

I understand once this form is signed by a Risk Ethics and Compliance Management (RECM) administrator, the resignation/retirement is considered accepted and may not be withdrawn without the written consent of the Superintendent or designee.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 the premium deduction. I may extend my health insurance benefit by submitting a continuation request to [benefits@fwisd.org](mailto:benefits@fwisd.org).

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

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
Accepted by: RECM Chief, Director, or Designee

\_\_\_\_\_  
Date