



Spring Branch Independent School District Resignation Form

Today's Date: _____

I, _____ hereby submit my letter of resignation/retirement to Spring Branch ISD.
(Print) First Name Last Name (Circle One)

My position is: _____ Campus/Department: _____

My last day of work will be: _____

If retiring, my retirement date is (must be last day of the month) ____/____/____.
Date

If resigning from Leave of Absence, the effective date of my resignation is ____/____/____.
Date

Employee ID #: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Reason: (Check All That Apply Below)

- | | |
|---|--|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Resigned in Lieu of Discharge |
| <input type="checkbox"/> Family Obligations | <input type="checkbox"/> Discontinue working (please comment) |
| <input type="checkbox"/> Return to School | <input type="checkbox"/> Dissatisfied with job (please comment) |
| <input type="checkbox"/> Maternity or medical | <input type="checkbox"/> Moving from Greater Houston area |
| <input type="checkbox"/> Failure to remove certification deficiency | <input type="checkbox"/> Accept another teacher/admin position (please indicate name of district/school in comment box) |
| <input type="checkbox"/> Enter field outside of education | <input type="checkbox"/> Other (please explain in comment box) |
| <input type="checkbox"/> Resign from leave of absence | |

Comments:

Employee Signature: _____

Date: _____

Please print and sign this document and return to your immediate supervisor.