



South Texas Independent School District
EXIT REPORT OF SCHOOL EMPLOYEE

This form shall be completed for each employee terminating service with the District.

Name _____ SSN _____

Mailing Address _____

Job Title _____ Ending Wage _____

Campus _____ Dates Worked _____ to _____

TO BE FILLED IN BY EMPLOYEE

Reason(s):

Employee's Signature

Date

TO BE FILLED IN BY SUPERVISOR OR ADMINISTRATOR

Nature of termination:

_____ 1. Employee resigned. Did he/she give advance notice? [] Yes [] No
If yes, how much notice? _____

_____ 2. Employee's contract was not renewed

_____ 3. Reduction in force

_____ 4. Employee was dismissed for misconduct or other cause

_____ 5. Other (state briefly) _____

Signature of Supervisor or Administrator

Date