POTEET INDEPENDENT SCHOOL DISTRICT

1100 School Drive
P. O. Box 138
Poteet, TX 78065

Ph. 830-742-3567
Fax 830-742-8038

EMPLOYEE EXIT INFORMATION

Name: _____ Position:_____

Forwarding Address: _____

Phone: _____ Employee ID #_____

Check reason for leaving district:

___ Moving from District ___ Family Circumstances ___ Took a new position

___ Returning to school ___ Dissatisfied with work ___ Position with other district

___ Other _____

1. TECHNOLOGY DEPARTMENT: *All technology equipment must be returned to the technology department prior to checking out with supervisor and central office.*

___ IPAD ____ Employee Pass ____other electronic equipment_____

Technology equipment has been received: _____ _____

Technology department signature *Date*

2. SUPERVISOR: *All district merchandise must be accounted for and turned into supervisor.*

_____ Keys ____ Books _____ Uniforms ____ Equipment _____Other

District equipment has been received: _____ _____

Supervisor signature *Date*

3. CENTRAL OFFICE: *Insurance, payroll and other information will be finalized.*

___ Health Insurance ___ Life Insurance ___ Unemployment Insurance

___ Dental Insurance ___ Disability Insurance ___ Other (*Notification to court and recipients of child/spousal support)*

*Insurance and payroll information has been signed off:*_____

Payroll Department Signature

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SCHOOL DISTRICT RATING

Please rate your experience with the district:

	Excellent	*Good*	*Fair*	*Poor*
Working relationship with supervisor				
Cooperation within department				
Cooperation with other departments				
Adequacy of orientation and training				
Workload				
Physical working conditions				
Availability of materials and equipment				
Evaluation procedures				
Recognition on the job				
Employee benefits				
Communication within the district				
Central administration support				
Community support for district				
Overall experience				

What did you like about your experience as a district employee?

_____

_____

What did you dislike about your experience as a district employee?

_____

_____

Do you have any comments or suggestions to improve the district?

_____

_____

Would you recommend the district to others as a place to work?

_____ Yes ____ Yes, with reservations ____ No

_____ _____

Employee Signature *Date*

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AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I hereby authorize Poteet Independent School District and its duly authorized representatives to release information concerning or relating to my employment with the school district. This employment information, both oral and written, may include materials contained in my personnel file and evaluative statements and judgments from my former supervisors. This employment information includes, but is not limited to, academic salary, achievement, performance, attendance, personal history, disciplinary records, and employment information.

I hereby release any individual providing reference or employment information under this authorization including record custodians from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempts to comply, with the authorization.

_____

Name of former employee (Print)

_____

Signature

_____

Date