

# LA VEGA INDEPENDENT SCHOOL DISTRICT

## EMPLOYEE EXIT REPORT - SCHOOL YEAR \_\_\_\_ - \_\_\_\_

- |                               |                                      |   |                                     |                                     |                              |
|-------------------------------|--------------------------------------|---|-------------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> LVPS | <input type="checkbox"/> LVE         | <input type="checkbox"/> LVIS-HPM       | <input type="checkbox"/> LVJH-GDC   | <input type="checkbox"/> LVHS       | <input type="checkbox"/> FRC |
| <input type="checkbox"/> LVLC | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Administration | <input type="checkbox"/> Technology | <input type="checkbox"/> Special Ed | <input type="checkbox"/> CNS |

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  

Last
First
Middle
Former

Employee's Position: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Last day worked:** \_\_\_\_\_

Reason for Leaving: (Check all that apply)

<input type="checkbox"/> Another Texas district	<input type="checkbox"/> Pay
<input type="checkbox"/> Relocation due to military	<input type="checkbox"/> Retirement
<input type="checkbox"/> Moving from district	<input type="checkbox"/> Furthering education
<input type="checkbox"/> Stay home with children	<input type="checkbox"/> Other job interests
<input type="checkbox"/> Medical reason	
<input type="checkbox"/> Family illness	<input type="checkbox"/> Other, please specify in comments below

Comments: \_\_\_\_\_

Do you have a Flexible Spending Account with a remaining balance?  Yes  No  
 If you answer yes, don't forget to use it or lose it. Contact First Financial for details – 1-800-523-8422.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISOR:**

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Resignation _____ with notice | <input type="checkbox"/> Nonrenewal | <input type="checkbox"/> Reduction in force  |
| <input type="checkbox"/> _____ without notice          | <input type="checkbox"/> Retirement | <input type="checkbox"/> Extended disability |

Termination: \_\_\_\_\_

Is employee eligible for rehire?  Yes  No \_\_\_\_\_

If employee was terminated, had employee been previously warned about the concerns resulting in termination?  No  Yes

When applicable, review and discuss and/or collect the following items:

- |                    |                        |                                |                     |
|--------------------|------------------------|--------------------------------|---------------------|
| _____ Keys/Key Fob | _____ Badge            | _____ Computer Laptop          | _____ Disable Email |
| _____ Uniforms     | _____ Grades & Reports | _____ Books, Guides, Materials |                     |

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_