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Carroll ISD
Resignation or Termination Form

This form shall be completed by the employee who is terminating service with the District.

Employee ID #: _____

Employee Name: Last _____ First _____ Middle _____

Position: _____ Campus or Department: _____

Dates of Employment:

Resignation / Termination Date:

From: ____/____/____
Month Day Year

To: ____/____/____
Month Day Year
(Last Day Worked)

____/____/____
Month Day Year

(TRS) Retirement Date: ____/____/____
*(If applicable) Month Day Year

If last day worked and resignation / termination date are not the same, please check one of the following:

____ Personal / family sick leave being used ____ Comp time being used ____ Approved leave of absence

Other reason (please specify): _____

Are you **still employed** in the District in another capacity? [] Yes [] No

If yes, complete location/campus and position: _____

***It is the employee's responsibility to submit a forwarding address for your W-2 and service records to be mailed.**

Current or Forwarding Address:

Street Address: _____

City State Zip Effective Date for new address

Current personal email address (Other than school address): _____

Phone Number (including area code): (____) _____

Currently, I have medical insurance coverage with the district: Yes No
Check type of resignation: With notice Without notice

Check all applicable reasons for leaving: (To be completed by all voluntary resignations only)

Position closer to home Personal health reasons Non-education career
District name: _____

Spouse transfer Stay home with family/child Move out of state

Moving Dissatisfied with work Better Opportunity
Employer name: _____

Continued Education Retirement Non-renewal

Temporary Disability Job Abandonment

Other Reason (Please Specify): _____

Complete if applicable:

I realize my insurance coverage would end with my last paycheck. Yes No See **

I will schedule my Exit Interview with Personnel Services (optional) Yes No

I will complete End-of-Year Procedures at my campus or department. Yes No

(Paraprofessionals):

I will complete & turn in all timesheets Yes No

**** See Staff Calendar Days for last month of Insurance Coverage.** If resignation is prior to the end date, then coverage would end the last day of the termination month.

Professionals, Teachers & Paraprofessionals only:

Service records and transcripts will be mailed within 30 days of your last day of employment or resignation date, whichever is later. Please indicate below where you would prefer to have them sent.

(* If sending directly to a school district, we will also mail a copy of your service records to you to sign and return)

_____ Send to the employee's current / forwarding address previously listed

_____ Send to the following school district: School District: _____

Attention: _____

Address: _____

City, State and Zip Code: _____

Employee Signature: _____ Date: _____

Signature of Supervisor/Administrator: _____ Date: _____

Exit Interview Conducted By: _____ Date: _____