

**Marlin Independent School District
Retirement/Resignation Form (Non-Contract Employee)**

Name: _____ Today's Date: _____

Current Position: _____ Employee ID: _____

Proposed Final Employment Date: _____ Is this resignation in order to retire? ☐ Yes ☐ No

Supervisor / Administrator: _____ Department / Campus: _____

Reason for Leaving the District: _____

All retirements will have an "in person" exit interview scheduled. If you are not retiring but would like to meet concerning your resignation, please call 254.252.0983 to set up an appointment.

It is expected that ten actual workdays of notice be given from the date of acceptance of your Retirement/ Resignation Form for the school or department to make the necessary transition. Documentation to support a resignation of less than two weeks may be attached.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

District Use Only Below

Date Form Received: _____

Human Resources Approval: _____ Date: _____