



WESLACO INDEPENDENT SCHOOL DISTRICT
Human Resources Department
319 West 4th Street | P.O. Box 266
Weslaco, TX 78599

Telephone: (956) 969-6619 Fax: (956) 969-6940



Dr. Richard Rivera,
Superintendent of Schools

RESIGNATION/RETIREMENT LETTER

EMPLOYEE NAME: _____ SSN/EMPLOYEE ID: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL PHONE #: _____

DEPT. / CAMPUS: _____

I, _____, do hereby resign / retire from my
position as _____ with the Weslaco Independent School District.
My last day of employment will be _____.

REASON: _____

EMPLOYEE'S SIGNATURE

DATE