Fredericksburg ISD

Human Resources

RESIGNATION OR RETIREMENT FORM

Complete and sign the following form and return it to your immediate supervisor. Please print clearly.

_____ _____ _____
Last Name First Name Employee ID

_____ _____ _____
Street Address City/State Zip

_____ _____
Campus/Department Position

_____ _____/_____/_____
Immediate Supervisor Last Date to Work

This is my notice to: (check one)

- ☐ Resign
- ☐ Retire

Reason: _____

_____

_____ _____
Signature of Employee Date

_____ _____
Signature of Immediate Supervisor Date

_____ _____
Approval of Superintendent (needed for Contract Personnel) Date

_____ _____
HR Department Acknowledgement Date