



ROMA INDEPENDENT SCHOOL DISTRICT

Human Resources Department

608 North Garcia Street P.O. Box 187 Roma, TX 78584 Phone: (956)849-1377

NOTICE OF SEPARATION FROM EMPLOYMENT FORM LETTER

Please return this letter to your campus principal, director, or Human Resources prior to the date you are requesting separation from employment. To avoid delay in the processing of this request, all items must be completed. **Attached is the DFE (LOCAL) policy.**

Name	ID No.
Position Title/Grade or Subject	Campus/Department
Phone Number:	Date

Forwarding Address (Street, City, State, Zip)	Eff. Date of Forwarding Address / /
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Effective Date of Resignation/Retirement ____/____/____

The resignation date above will be the employee's last workday. Any employees that abandon their employment with the District shall be listed as terminated on the last day that the employee reported to work.

Check Box	Initial
<input type="checkbox"/> Resignation (____)	
<input type="checkbox"/> Retirement (____)	
<input type="checkbox"/> Termination (____)	
<input type="checkbox"/> On Leave (____) I am presently on leave and wish to resign	

State reason for separation from employment: (During contract term documentation is required for justification)

Are you presently a sponsor of any group organization affiliated with the district? ____ Yes ____ No
If yes, please state organization and campus of sponsorship:

Employee Insurance Benefits Notice

Employees separating from employment are required to report to the Risk Management Department on or before their last day of employment. Under certain circumstances, employees may continue insurance benefits even after separation from employment. The district complies with all applicable COBRA regulations. As such, employees shall have sixty (60) days from the resignation, retirement, or termination date, as listed above, to qualify for COBRA benefits.

By my signature below, I affirm that I am requesting to resign my employment with Roma ISD in accordance with policy DFE (LOCAL). I have read and understand the information stated above.

Employee's Signature	Date	Principal/Director Signature	Date
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Return to: Human Resources Department, 608 North Garcia Street Roma, TX
THE BOTTOM PORTION OF THIS FORM IS FOR OFFICE USE ONLY

Superintendent or Designee Approval	Date
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POLICY DFE (LOCAL)

GENERAL REQUIREMENTS:

All resignations shall be submitted in writing to the Superintendent or designee in a letter or by using the District's separation from employment form. The employee shall give reasonable notice and shall include in the letter a statement of the reasons for resigning. A pre-paid certified or registered letter of resignation shall be considered submitted upon mailing.

AT-WILL EMPLOYEES:

The Superintendent or designee shall be authorized to accept the resignation of an at-will employee at any time.

CONTRACT EMPLOYEES:

The Superintendent or designee shall be authorized to receive a contract employee's resignation effective at the end of the school year or submitted after the last day of the school year and before the penalty-free resignation date. The resignation requires no further action by the District and is accepted upon receipt.

The Superintendent or other person designated by Board action shall be authorized to accept a contract employee's resignation submitted or effective at any other time. The Superintendent or other Board designee shall either accept the resignation or submit the matter to the Board in order to pursue sanctions allowed by law.

WITHDRAWAL OF RESIGNATION:

Once submitted and accepted, the resignation of a contract employee may not be withdrawn without consent of the Board.