



DONNA INDEPENDENT SCHOOL DISTRICT

Auxiliary Services

Termination / Resignation / Inactivation Form

Termination

Date Submitted: _____

Resignation

Inactivation

Name (Official Name): _____

Employee ID: _____ Position: _____

Department/Location: _____

Employment (current year):

Beginning Date: _____ Ending Date: _____

Number of Days Employed: _____

Reason for separation: _____

Comments:

Employee Signature: _____ Date: _____

Department Administrator: _____ Date: _____

Signature of HR Administrator: _____ Date: _____

APPROVED

DENIED

Signature of Superintendent: _____ Date: _____