TRAVIS UNIFIED SCHOOL DISTRICT

Reaching beyond the boundaries to build a community of learners.

RESIGNATION OR RETIREMENT NOTICE

Name: _____ Employee ID#: _____
First M.I. Last

Contact Information: _____
Street Address City State Zip

Personal Email Address: _____

Job Title: _____ Assignment Location: _____ Grade Level: _____
(Teachers Only)

☐ Retirement - *Effective close of work (exact date): _____

☐ Resignation - *Effective close of work (exact date): _____

*Provide STRS or PERS retirement date if different from above: _____

NOTE: It is the responsibility of the employee to contact STRS or PERS regarding retirement benefits.

☐ Forwarding Address: (if applicable) – In order to forward W2 information.

_____
Street Address City State Zip

REASON

☐ Changing profession
☐ Disability
☐ Employment with other district
☐ Marriage or Joining Spouse
☐ Moving
☐ Personal
☐ Returning to school
☐ Other (please specify): _____

_____
Employee's Signature Date

NOTE: Upon exit of the district, direct deposit is terminated. Your final check will be paid by paper check, not direct deposit. If you wish to pick up your final check in person, please contact the Payroll department (payroll@travisusd.org) one week prior to your final pay date.

_____
Supervisor's Signature Date

_____
Superintendent or Designee's Signature Date

☐ Accepted
☐ Acceptance will be delayed until suitable replacement is available.

Revised 07.2025