Joshua Independent School District

310 E. 18th Street ● Joshua, TX 76058
Phone (817) 202-2500 ● Fax (817) 641-2738
http://www.joshuaisd.org

Retirement/Resignation Form

Please check one:

☐ Retire ☐ Resign

Employee Name _____
Last *First* *Middle*

Address _____
Street *City* *State* *Zip*

Personal Email Address _____ Phone # _____

_____

Campus/Department _____ Position _____

Assignment _____ Principal/Supervisor _____

Please briefly explain your reason(s) for resigning. (Feel free to attach a resignation letter if needed.)

_____

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_____

_____

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_____

Resignation Effective Date _____

ALL EMPLOYEES - Please submit this form to the Department of Human Resources

Your service records and official college transcripts will be returned to you upon request through the human resources department website under "Permanent Records Request". If you paid into the Teacher Retirement System and wish to withdraw these funds, you must contact the Teacher Retirement System at 1-800-223-8778 for more detail. Contact the Employee Benefits Office at extension 1020 within 30 days from your resignation date concerning your rights to continuation of insurance coverage. All district property must be turned in to your campus principal.

Employee's Signature _____ **Date** _____

Accepted by Superintendent _____ **Date** _____