



DEPARTMENT OF HUMAN RESOURCES SEPARATION OF EMPLOYMENT FORM
FOR ADMINISTRATIVE, PROFESSIONAL, PARAPROFESSIONAL AND HOURLY

Type of Separation: [] Resignation [] Retirement

My separation of employment will become effective at the end of the working day on

I understand that my final check will be a paper check. I further understand that if I request a payoff, payment of the final check will be paid on the next scheduled pay date after receipt of this form in the Department of Human Resources, if all records, keys, equipment, materials, books, uniforms, etc. have been accounted for by my immediate supervisor and/or other district administrator (s).

End of year separation of employment option: ☐ immediate pay off ☐ continue checks through August

Name: _____ **Social Security Number** _____
Last First MI

Address _____ **City/State/Zip** _____

Phone No. _____ **Campus/Department** _____ **Position** _____
(grade level/subject, if teacher)

Date of Employment _____ **Termination date for Health Insurance** _____

➤ Please delay the effective date of TRS-Care coverage for myself and my dependents, if any, to: _____

Reason (s) for separation: If additional space is needed for comments, please attach a sheet to this form

If you want your service record sent to another district, please indicate mailing address below:

Would You Consider Re-employment with PAISD? [] YES [] NO

If No, Why Not? _____

If you are requesting retirement complete the following: Date of birth _____ Yrs. service in education _____ Yrs. in PAISD _____

Have you requested an "Estimate of Benefits" from TRS (TRS Form 18)? [] Yes [] No

Employee Signature: _____ **Date:** _____

Principal/Dept. Director Signature: _____ **Date:** _____

Director of Personnel Signature: _____ **Date:** _____

Date Reporting to Board: _____

I understand that my final check will be a paper check. Final checks are sent to the campus / department of the employee during the school year. During the summer months, the final paper check will be at the Central Administration Office. If you are relocating or have a change of address that differs from the personnel files, please update the section below.

<u>Old Address, City, ST, Zip</u>	<u>New Address, City, ST, Zip</u>

**PORT ARTHUR INDEPENDENT SCHOOL DISTRICT
EMPLOYEE EXIT QUESTIONNAIRE**

Work Location

☐ High school ☐ Middle school ☐ Elementary school ☐ Central office ☐ Other _____

Position

☐ Administrator ☐ Teacher ☐ Professional Support ☐ Paraprofessional ☐ Auxiliary
☐ Other _____

Length of employment in the district

☐ 1 year or less ☐ 2–4 years ☐ 5–9 years ☐ 10 years or more

Reason for leaving (check all that apply)

☐ Career change ☐ Return to school ☐ Retirement ☐ Personal/family obligations
☐ Relocation/transfer of family member ☐ Other _____

Did you leave to go to work in another district? ☐ Yes ☐ No

If you are leaving to work in another district, why did you choose that district? (check all that apply)

☐ Pay increase ☐ Work schedule ☐ Working conditions ☐ Advancement opportunity
☐ Benefits ☐ Shorter commute ☐ Other _____

How would you rate your experience in our district?

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Working relationship with supervisor	☐	☐	☐	☐
Training and information provided	☐	☐	☐	☐
Supplies and equipment	☐	☐	☐	☐
Evaluation procedures	☐	☐	☐	☐
Opportunity for advancement	☐	☐	☐	☐
Supervisor support	☐	☐	☐	☐
Overall employment experience	☐	☐	☐	☐

What did you like most about your job?

What did you like least about your job?

Do you have any suggestions for improvement?

Would you recommend the district to others as a good place to work?

☐ Yes ☐ No

Feel free to use additional sheets to provide more information. Thank you for your comments.