CALALLEN ISD
RETIREMENT NOTIFICATION INCENTIVE PROGRAM PLAN
Employee Notification & Administrative Processing Form

This form is used by full-time Calallen ISD employees to provide written notification of their intent to retire and request participation in the District's Retirement Notification Incentive Program. All participation and incentive payments are subject to the eligibility requirements and terms and conditions of the Board-approved program.

SECTION 1 – EMPLOYEE NOTIFICATION

Employee Name:	
Campus/Department:	
Position/Job Title:	
Retirement Date:	

I hereby provide written notification of my intent to retire from Calallen ISD effective at the date indicated above. I understand that my eligibility for the Retirement Notification Incentive Program is subject to the terms and conditions established in the Board-approved plan, including the February 1 notification deadline and completion of my contractual or assigned work calendar obligations.

Employee Signature: _____ Date: _____

Supervisor Name: _____ Date Received: _____

Supervisor Signature: _____

SECTION 2 – HUMAN RESOURCES VERIFICATION & INCENTIVE CALCULATION

Eligibility Verification	**Service & Incentive Calculation**
☐ Eligible	Verified Years of Service with Calallen ISD:
☐ Not Eligible	☐ Salaried ☐ Hourly
Comments/Explanation:	Approved Incentive Amount:

HR Representative: _____

Signature: _____ Date: _____

SECTION 3 – PAYROLL VERIFICATION & INCENTIVE PAYMENT

☐ TRS Retirement Eligibility Verified ☐ Retirement Effective Date Verified

Final Payroll Date for Processing: _____

Payroll Representative: _____

Signature: _____ Date: _____

Board Approved November 16, 2026