BANDERA INDEPENDENT SCHOOL DISTRICT

Employee Notice Of Voluntary Resignation or Retirement

Complete and sign the following form and return to your immediate supervisor. Please print clearly.

_____ _____ _____
LAST NAME FIRST NAME MI

_____-_____-_____(OPTIONAL)
SOCIAL SECURITY NUMBER

_____ _____ _____
STREET ADDRESS CITY/STATE ZIP

_____ _____
CAMPUS/DEPARTMENT POSITION SUBJECT GRADE

_____ _____/_____/_____
IMMEDIATE SUPERVISOR LAST WORKDAY

This is my notice to: (check one)
☐ Resign Effective date of my resignation_____
☐ Retire Effective date of my retirement _____

IMPORTANT: Before you turn this in to your immediate supervisor, please go online to the BISD Human Resources Department and download a copy of the EXIT Interview form.

☐ Completed an EXIT Interview form and provided with resignation to my Supervisor.

☐ Mail me an EXIT Interview form.

☐ Scheduled an EXIT Interview with Personnel Department.

_____ _____
SIGNATURE OF EMPLOYEE **DATE**

_____ _____
SIGNATURE OF IMMEDIATE SUPERVISOR **DATE**

_____ _____
SIGNATURE OF PERSONNEL DIRECTOR **DATE**