



# DONNA INDEPENDENT SCHOOL DISTRICT

## Auxiliary Services

### Termination / Resignation / Inactivation Form

Termination

Date Submitted: \_\_\_\_\_

Resignation

Inactivation

Name (Official Name): \_\_\_\_\_

Employee ID: \_\_\_\_\_ Position: \_\_\_\_\_

Department/Location: \_\_\_\_\_

Employment (current year):

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Number of Days Employed: \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Comments:

***For Office Use Only!***

Department Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of HR Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Deputy Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED

DENIED

Signature of Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_