



Donna Independent School District
Human Resources Department
 116 North 10th St., Donna, TX
 (956) 464-1606; Fax (956) 461-4303

HR OFFICE USE ONLY:	
School Year:	_____
Last day worked::	_____
Reason:	_____
ID# _____ PCN _____	
Position:	_____
Last check date:	_____
Acct. #	_____

NOTICE OF SEPARATION FROM EMPLOYMENT

Please return this form to your campus principal or director prior to the date you are requesting separation from employment. Note: No faxes will be accepted; only original forms will be processed. To avoid delay in the processing of this request, all items must be completed.

Employee Name	Employee ID#
Position Title	Campus/Department
Forwarding Street Address	Date of Request
City, State, Zip	Eff. Date of Forwarding Address:

Effective Date of Resignation/Retirement _____ / _____ / _____

Check one: Resignation Retirement Termination Lapse in Service

I am presently on leave, and now wish to resign: _____ Yes _____ No

State reason for separation from employment: (During contract term documentation is required for justification)

I presently have child(ren) attending DISD: _____ Yes _____ No

If yes, please indicate the names of the child(ren) and campus

Name of Child(ren)	Campus

Employee Insurance Benefits
 Separating employees are required to report to the Payroll Department on or before their last day of employment. Under certain circumstances employees may continue insurance benefits even after separation from employment.

I have read and understand the information stated above.

I acknowledge that my last check will be a paper check and will be mailed to my address on file. Initials: _____

Employee's Signature	Date	Principal/Director Signature	Date

Return to: *Human Resources Department
 116 North 10th St.
 Donna, TX 78537*

THE BOTTOM PORTION OF THIS FORM IS FOR OFFICE USE ONLY

Administrative Approval	Date