



Donna Independent School District  
**Human Resources Department**  
 116 North 10<sup>th</sup> St. Donna, TX 78537  
 PH (956) 464-1606 FAX (956) 461-4303

**H.R. 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 complete.*

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 name(s) of the child(ren) and Campus

Name of Child(ren)	Campus

**Employee Insurance Benefits**  
 Separating employees are required to report to the Insurance 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**

<b>Employee Signature</b>	<b>Date</b>	<b>Principal / Director Signature</b>	<b>Date</b>
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Return to: Human Resources Department  
 116 North 10<sup>th</sup> St. ● Donna, Texas 78537

**FINAL APPROVAL**

<b>Administrative Approval</b>	<b>Date</b>
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