



# SOCORRO INDEPENDENT SCHOOL DISTRICT

## Notice of Voluntary Resignation/Retirement

DFE: Termination of Employment - Resignation

Name: (Last, First, Middle Initial)		Employee Number
Address: (City, State, Zip Code)		
Home Telephone	Work Telephone	Campus/Department
Position		
Last Day of Employment:		
FOR NON EXEMPT EMPLOYEES		
Do you have any compensatory time that you have not used? If so, how many hours? _____		

**Separation Reason:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Continuing Education/<br>Continuar con Educación                       | <input type="checkbox"/> Accept New Job/<br>Acepto Nuevo Trabajo | <input type="checkbox"/> Pursue Alternative Career/<br>Continuar con Nueva Carrera  |
| <input type="checkbox"/> Move Out of Area/<br>Mudanza Fuera de la Area                          | <input type="checkbox"/> Health Reasons/<br>Razones de Salud     | <input type="checkbox"/> Family Necessity/<br>Razones de Familia  |
| <input type="checkbox"/> Dissatisfied with Job/<br>Insatisfecho con el Trabajo                  | <input type="checkbox"/> Transportation/<br>Transportación       | <input type="checkbox"/> Retirement *Please note if you select retirement you must call the<br>Payroll office at 937-0000 for guidance*<br>Retiro *Si usted selecciona esta opción por favor de llamar a la<br>oficina de Payroll al 937-0000 para mas información* |
| <input type="checkbox"/> Other (Please Specify) _____<br>/Otro (Por Favor de Especificar) _____ |  |   |

I understand that my resignation is voluntary and following acceptance from the Department of Human Resources cannot be revoked./ Entiendo que mi resignación es voluntaria. Cuando el Departamento de Recursos Humanos acepte la resignación, ya no se podrá revocar.

Employee's Signature/Firma de Empleado \_\_\_\_\_

Date/Fecha \_\_\_\_\_

**CAMPUS/DEPT. USE ONLY**

Supervisor's Signature: \_\_\_\_\_

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

**HR USE ONLY**

Received in Human Resources by: \_\_\_\_\_ on: \_\_\_\_\_

Exit Interview on: \_\_\_\_\_ by: \_\_\_\_\_

Human Resources Director: \_\_\_\_\_ on: \_\_\_\_\_

Accepted by Superintendent/Designee: \_\_\_\_\_ on: \_\_\_\_\_