

San Felipe Del Rio CISD
233901

EMPLOYMENT PRACTICES

DC
(EXHIBIT)

The following forms are to be completed by personnel separating from the District:

Exhibit A: Separation Form—Part I



San Felipe Del Rio Consolidated Independent School District Separation Form - Part I

To be completed by all personnel separating from the District.

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ / _____ / _____

Campus: _____ Position: _____

Forwarding/Permanent Address: _____

Phone Number: _____

Personal Email Address: _____

My separation will be effective at **THE END OF THE WORK DAY ON:**

If retiring, note RETIREMENT DATE: _____

Reason for separation: _____

Signature of Employee: _____ Date: _____

Signature of Principal/Director: _____ Date: _____

Supervisor's Title: _____

NOTE: After completion of this form, you must make arrangements to bring the form to the Human Resources Department and complete an anonymous on-line EXIT SURVEY at one of our lobby computer kiosks.

Once Separation Form - Part I is approved by Superintendent of Schools, you will be notified to come by the Human Resources Department to obtain Part II for completion of out-processing.

OFFICE USE ONLY:

EXIT SURVEY

COMPLETED
(print out attached)

NOT COMPLETED
REASON: _____

HR Employee/Date: _____

