

Mission Consolidated Independent School District Human Resources Department

1201 Bryce Drive, Mission, TX (956) 323-5641; Fax (956) 323-8169

HR OFFICE USE ONLY:
School Year:
Effective Date:
Reason Code:
SS#
Position:

DL#

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. See Policy DC (Local) for more information on contracted employees requesting resignation.

Employee	e Name			Employee ID#			
Position Title			Campus/Department				
				Date of Request			
Forwarding Address (Street, City, State, Zip)				Eff. Date of Forwarding Address			
Effective	Date of Resignation	/Retirement					
Check on	ne: Resignation	Retirement	Term	inationLaps	e in Service		
	ently on leave, and no son for separation from	w wish to resign:	Yes _	No		iustification)	
State Teas	son for separation from	п спірюўшені. (Биг	ing contrac	t term documentant	on is required for	justification)	
If yes, plo	tly have child(ren) at ease indicate the nan Child(ren)			us. –See Policy DI	EB (Local)		
If yes, plo	ease indicate the nan Child(ren)	nes of the child(ren)	and camp	us. –See Policy DI	EB (Local)		
If yes, plo Name of Employe	ease indicate the nan	nes of the child(ren)	and camp Campus	us. –See Policy DI		employment. Unde	r certain
If yes, plo Name of Employe Separatin	ease indicate the name Child(ren) ee Insurance Benefits ag employees are requances employees may	nes of the child(ren) ired to report to the Pacontinue insurance be	and camp Campus ayroll Deparements even	artment on or before	e their last day of om employment.	employment. Unde	r certain
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