



Mission Consolidated Independent School District
Human Resources Department
1201 Bryce Drive, Mission, TX (956) 323-5641; Fax (956) 323-5632

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. Attached is the policy on contracted employees requesting resignation.

Employee Name	Employee ID#
Position Title	Campus/Department
	Date of Request

Forwarding Address (Street, City, State, Zip)	Eff. Date of Forwarding Address / /
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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 MCISD: ____ Yes ____ No

If yes, please indicate the names of the child(ren) and campus. –See Policy DEB (Local)

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.

Employee's Signature	Date	Principal/Director Signature	Date
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Return to: **Human Resources Department**
1201 Bryce Drive
Mission, TX 78572

THE BOTTOM PORTION OF THIS FORM IS FOR OFFICE USE ONLY

Administrative Approval	Date
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AESOP		FC		PMS		Emp. Maint.		Demographics		Days/ Fund	
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