

Employee Notice

Notification of Resignation / Retirement

Date: today's date

To: principals name

Campus: your campus / location

human resource director

From (Print): print your name clearly

Position: your job / role

RE: Notice of Intent to Resign or Retire

Effective: effective date

This letter shall serve as official notice of my intent to terminate employment with Aldine Independent School District effective as of the date listed above. I understand that mid-year resignations and resignations less than 45 days prior to the start of a school year must be approved by the superintendent of schools and that I must continue to work until I have been released from my contract.

It is my intention that I am:

resigning from Aldine Independent School District effective effective date.

Reason for Resignation: ___ Other Employment ___ Another School District ___ Remain at home
 ___ Change Career Fields ___ Relocation from Houston ___ Other _____

retiring from Aldine Independent School District effective effective date **and TRS effective** TRS effective date.

I understand that my decision to resign or retire is irrevocable and may not be retracted. I further understand that all my benefits will terminate on the last day of the month in which my resignation / retirement from Aldine ISD is effective. It is my responsibility to convert any benefits I wish to continue either directly with the vendor or through COBRA.

Employees with insurance who complete their contract prior to the effective date of their resignation or retirement may elect to keep their benefits through August 31.

It is my intention that:

my benefits end on the last day of the month in which my resignation / retirement is effective.

my benefits be continued through August 31. I authorize Aldine ISD to collect any premiums needed to extend my benefits coverage through August 31 on my last paycheck if I complete the contract year. This excludes all financial benefits (403(b), 457, and 529). I understand that if I do not have pay reserves, I may need to make payment for my benefits to the benefits department.

Signature

Date

Last 4 digits of your
social security number