



# CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF HUMAN RESOURCES

## HUMAN RESOURCES LETTER OF VOLUNTARY RESIGNATION/RETIREMENT

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street Address/P.O. Box/Apt#) (City) (State) (Zip)

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Last day you will work: \_\_\_\_\_

### Employees please mark all reasons for leaving:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> RESIGNATION           | <input type="checkbox"/> RETIREMENT               | <input type="checkbox"/> TERMINATION          | <input type="checkbox"/> DECEASED              |
| <input type="checkbox"/> Lack of Certification | <input type="checkbox"/> Dissatisfied with work   | <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Benefits/Compensation |
| <input type="checkbox"/> Dismissal             | <input type="checkbox"/> Relocating               | <input type="checkbox"/> Medical              | <input type="checkbox"/> Nonrenewal            |
| <input type="checkbox"/> Spouse Transferred    | <input type="checkbox"/> Leave of Absence expired | <input type="checkbox"/> Reduction in force   | <input type="checkbox"/> Returning to school   |
| <input type="checkbox"/> Personal              | <input type="checkbox"/> Other (Specify): _____   |   |  |

### ☐ SECURED OTHER POSITION

☐ In Education (District) \_\_\_\_\_ ☐ Outside of Education \_\_\_\_\_

.....  
I understand that my resignation is voluntary and following acceptance from the Department of Human Resources, the resignation can not be revoked.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Human Resource Use Only

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

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

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

*An Equal Opportunity Employer*