

**MIDLAND INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCE SERVICES (HRS)**

HRS FAX NUMBER 689-1932

SEPARATION

TO BE COMPLETED BY SUPERVISOR/ADMINISTRATOR

RESIGNED RETIRED TERMINATED DECEASED JOB ABANDONMENT

EMPLOYEE NAME _____
ID# _____ LAST _____ FIRST _____ MI _____ MAIDEN _____

MAILING ADDRESS _____ PH# _____
NUMBER _____ STREET _____ CITY/STATE/ZIP _____

POSITION/GRADE/SUBJECT _____ CAMPUS/DEPT _____ EFFECTIVE DATE ____/____/____

CHECK OUT PROCEDURES COMPLETED (i.e., Laptop, Key, Uniforms, Badges, etc. returned) YES NO

LETTER OF RESIGNATION/RETIREMENT YES NO EXIT INTERVIEW YES NO

COMMENTS

PLEASE CHECK IF YOU WANT HRS TO POST THIS POSITION

POST VACANCY AS SAME POSITION
 POST VACANCY AS _____ POSITION

POSTING PERIOD

10 DAYS (MINIMUM FOR PROFESSIONAL/AUXILIARY)
 UNTIL FILLED

SUPERVISOR/ADMINISTRATOR SIGNATURE

SIGNATURE _____	TITLE _____	CAMPUS/DEPARTMENT _____	DATE _____
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FOR HUMAN RESOURCE SERVICES USE ONLY

FOR PAYROLL USE ONLY

CONTRACT BEGINNING DATE ____/____/____
 CONTRACT ENDING DATE ____/____/____ EMP CODE _____
 CURRENT YEAR MAXIMUM DAYS _____
 CURRENT YEAR ACTUAL DAYS _____
 JOB POSTING # _____
 SUPERVISOR NOTIFICATION DATE ____/____/____
 TERM LETTER DATE ____/____/____
 DISABLE SUBSCRIPTION DATE ____/____/____
 DELETE TECH ACCOUNT D.O.B ____/____/____

BOARD REPORT DATE: ____/____/____
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NOTES: _____

PROCESSED BY: _____ HRS ADMIN: _____ BUSINESS ADMIN: _____
 DATE DATE DATE