EMPLOYMENT PRACTICES

DC (EXHIBIT)

The following forms are to be completed by personnel separating from the District:

Exhibit A: Separation Form—Part I



San Felipe Del Rio Consolidated Independent School District Separation Form - Part I

To be completed by all personnel separating from the District.

Last Name:	First Name:	MI:
Social Security Number:		
	Position:	
Forwarding/Permanent Ad	ldress:	
Dhara Northan		
Personal Email Address:_		
My separation will be effect	ctive at <u>THE END OF THE WORK D</u>	AY ON:
If retiring, note RETIREM	MENT DATE:	
Reason for separation:		
Signature of Employee:		Date:
Signature of Principal/Dire	ector:	Date:
Supervisor's Title:		
NOTE: After completion of this forment and complete an anonymou	orm, you must make arrangements to bring the is on-line EXIT SURVEY at one of our lobby co	e form to the Human Resources Depart- mputer kiosks.
	approved by Superintendent of Schools, you w rt II for completion of out-processing.	rill be notified to come by the Human Re-
OFFICE USE ONLY: EXIT SURVEY	COMPLETED (print out attached)	NOT COMPLETED REASON:
HR Employee/Date:		

DATE ISSUED: 10/20/2014 DC(EXHIBIT)-Modified

Exhibit B: Separation Form—Part II

SAN FELIPE DEL RIO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT RESIGNATION/RETIREMENT/SEPARATION/TERMINATION FORM PART II

This form must be hand carried to Technology, Payroll and Support Services. Your <u>final paycheck</u> will not be issued unless this form has been completed.

NAME:			SS#			
	Last	First	Middle			
Positio	on Held:		Location:			
FORV	VARDING/PERMANI	ENT ADDRESS:				
			Street #			
			City	State ZIP		
			Phone Number			
			Personal Email Addre	ess		
LAST	WORKING DAY:		RETIREMENT DAT	TE:		
1.	Technology Depa	<i>rtment</i> . Cancel	lation of network accou	ınt.		
	Signature of Technology Department:					
2.	Payroll Department.					
		r Retirement Servi	ce	DATE:		
			•	Date:		
3.	<u>Support Services</u> . The following information needs to be cleared through the Support Service Office upon termination with the school district.					
	•	-	up health insurance plan?)		
	YES NO If yes, you will be contacted by TML/TASB to be given the opportunity to continue the health insurance					
	plan through COBRA.					
	2. Are you enrolled in the voluntary vision or dental insurance?					
	Vision Dental Both 3. Do you want to continue the vision and/or the dental insurance through COBRA?					
	YES NO					
	To continue or can	cel, please compl	ete the appropriate form a	at the Support Services Office.		
	Signature of Suppo	rt Services:		Date:		
Signature of Employee				Date:		
				Date: AYROLL BLUE: TECHNOLOG		

DATE ISSUED: 10/20/2014 DC(EXHIBIT)-Modified