

INSTRUCTIONS FOR COMPLETING END OF YEAR EXIT FORMS

****DO NOT PRINT DOUBLE SIDED**

****USE BLUE OR BLACK INK ONLY**

1. EXIT REPORT FORM

- Complete **TOP PORTION ONLY**. (An accurate mailing and email address is imperative.)

2. EMPLOYEE PAYOFF AND BENEFIT ELECTION FORM

- Please read all instructions and choose the appropriate option. **NOTE** For additional questions on this form please contact **Risk Management at 281-396-2241**.

3. CHANGE OF ADDRESS, PHONE NUMBER, STATUS FORM

- This form is to be **completed only** if there are changes to your address, phone number or status upon exit with KISD. Otherwise, you may *disregard this document*.

Documents should be returned to Human Resources by one of the following ways:

- Interoffice mail to ESC/HR
- By mail to P.O. Box 159, Katy, Texas 77492-0159
- In person to Human Resources Department / Educational Support Complex during normal business hours.

For additional assistance with the exit process, please contact your Human Resources Representative

ELEMENTARY PROFESSIONALS:

Alice Smith
281.396.2317
alicesmith@katyisd.org

PARAPROFESSIONALS:

Dora Almaguer
281.396.2498
dorahalmaguer@katyisd.org

SECONDARY PROFESSIONALS:

Julie Covington
281.396.2277
julieacovington@katyisd.org

AUXILIARY STAFF:

Leonor Gutierrez
281-396-2361
leonoragutierrez@katyisd.org

SERVICE RECORDS:

Terri Domagas
281.396.2262
terriadomagas@katyisd.org



Lance N. Nauman
DIRECTOR OF RISK MANAGEMENT

Notice Regarding Affordable Care Act (ACA) Eligibility for Benefits

Dear Terminating Employee:

Please be aware that during your employment with Katy ISD you may have met the requirements of the Affordable Care Act (ACA) definition of "full-time". When that determination was made, you become eligible for benefits for a period of 12 months regardless of your position. This is known as the ACA stability period.

If you are re-hired by Katy ISD within 31 days of the date your benefits terminated, AND you are still within your ACA stability period (defined above), your benefits will be automatically reinstated with no lapse in coverage and you will be responsible for paying the premiums, **regardless of your position**.

If you are re-hired by Katy ISD after 31 days, you will have the opportunity to enroll in benefits for the remaining ACA stability period, regardless of your position. If you are rehired into a benefits eligible position under TRS rules (i.e. eligible to participate in TRS), your eligibility for benefits may be extended.

After reading this letter, please sign below.

I understand the above information regarding my eligibility for benefits under ACA rules.

Signature

Date

Print Name

Katy Employee ID

Regards,

Jo Ann Tilton
Insurance Coordinator



EXIT REPORT

Top portion only to be completed by employee.				
Last Name		First Name		Middle Name
Mailing Address (records will be mailed to this address)			City	State Zip
Phone #	Employee ID #	Personal E-mail Address (pay info. will be sent to this email)		
Job Title		Location/Campus	Last Day of Work	
Reason for Leaving				
Employee Signature			Last 4 digits of Social Security # xxx-xx-	

****If you have additional comments or concerns that you wish to discuss, please check here: A representative from Human Resources will contact you as soon as possible.**

Will you require a Service Record (future school districts require it to verify number of years teaching)?
 Yes No

It will be mailed to the address above unless otherwise noted here. _____

STOP	STOP HERE PLEASE!
KISD Service Record: <input type="checkbox"/> Original <input type="checkbox"/> Copy	<input type="checkbox"/> Pick Up Date _____ <input type="checkbox"/> Mail Date _____ <input type="checkbox"/> I/O Mail Date _____
Reason for termination: <input type="checkbox"/> Employee voluntarily resigned/quit <input type="checkbox"/> Employee laid off due to lack of work <input type="checkbox"/> Employee was dismissed for misconduct or other good cause <input type="checkbox"/> Other: _____	
Is employee eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, as a Retiree <input type="checkbox"/> No	
If separation was voluntary, was adequate notice given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was employee contacted? <input type="checkbox"/> Yes <input type="checkbox"/> N/A Method: <input type="checkbox"/> Phone Call <input type="checkbox"/> Meeting Date: _____	
Comments: If employee was dismissed for misconduct or other good cause, explain:	
Human Resources Department Representative Signature	Date

HUMAN RESOURCES DEPARTMENT

EMPLOYEE PAYOFF AND BENEFIT ELECTION FORM FOR EMPLOYEES WHO WORK 226 DAYS OR LESS

House Bill 973 entitles school district employees to continue benefits through the summer months of a given school year if they resign or retire effective after the last day of instruction. Katy ISD is in compliance with that legislation and will continue elected benefits for all employees according to their choice.

Retiring or resigning employees **who work 226 days or less per year but are paid on a 12-month basis** may request an early payoff. Katy ISD can grant your request but the district needs to verify your requested payoff date and how your benefits are to be handled.

Please choose the date of your final paycheck and when you want to end your benefits in the boxes below

Option 1

_____ NO early payout. Your final paycheck will be August 15th and your benefits will end August 31st

OR

Option 2

_____ Receive final paycheck on June 30th.

(If you want to extend your benefits beyond June 30th, all premiums will be deducted from your final paycheck.)

If you choose Option 2, you must also choose one of the following.

_____ I choose to end my benefits on June 30th

_____ I choose to end my benefits on July 31st

_____ I choose to end my benefits on August 31st

Printed Employee Name

Employee Number

Date

Employee Signature

Position/Title

If you have questions regarding HB 973, you may call the KISD Risk Management Department at 281-396-2241.

Katy Independent School District
Change of Address, Phone Number, Status

Complete ONLY IF CHANGES ARE NEEDED.

SECTION A: CHANGE OF ADDRESS AND/OR PHONE NUMBER

Please use Munis Employee Self-Service to update your personal information.
ONLY if you do NOT have access to Munis Employee Self-Service, please complete Section A and forward to Human Resources for processing.

Last Name:	First Name:	MI:
KISD ID #:	Campus/Dept. Location:	
<input type="checkbox"/> NEW Phone #: _____ FORMER Phone #: _____		
<input type="checkbox"/> NEW Mailing Address: _____ _____ FORMER Mailing Address: _____ _____		
Employee Signature:	Date:	

SECTION B: CHANGE OF STATUS

Please use Munis Employee Self-Service to update your personal information.
ONLY if you do NOT have access to Munis Employee Self-Service, please complete Section B and forward to Human Resources for processing.

Last Name:	First Name:	MI:
KISD ID #:	Campus/Dept. Location:	
NEW Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Employee Signature:	Date:	

NOTE: Name changes must be made using the “Change of Last Name” online form found on Knowledge Base.