

# INSTRUCTIONS FOR COMPLETING MID-CONTRACT 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. 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"/> Pick Up Date _____ <input type="checkbox"/> Mail Date _____ <input type="checkbox"/> I/O Mail Date _____	
<input type="checkbox"/> Original <input type="checkbox"/> Copy			
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

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

**Complete ONLY IF CHANGES ARE NEEDED.**

<b>SECTION A: CHANGE OF ADDRESS AND/OR PHONE NUMBER</b>		
<b>Please use <u>Munis Employee Self-Service</u> to update your personal information.</b> <i>ONLY if you do NOT have access to Munis Employee Self-Service, please complete Section A and forward to Human Resources for processing.</i>		
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:

<b>SECTION B: CHANGE OF STATUS</b>		
<b>Please use <u>Munis Employee Self-Service</u> to update your personal information.</b> <i>ONLY if you do NOT have access to Munis Employee Self-Service, please complete Section B and forward to Human Resources for processing.</i>		
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.