



Employee Resignation Form

DO NOT COMPLETE THIS FORM IF YOU ALREADY HAD ANOTHER RESIGNATION ACCEPTED BY THE DISTRICT.

Please email this completed form to exitpaperwork@katyisd.org AND your principal / department supervisor. Once the district accepts your resignation, you will receive an email from exitpaperwork@katyisd.org with further details.

EMPLOYEE:		
Last Name:	First Name:	Katy ISD ID #:
Campus / Department:	Position Title / Subject / Grade:	Social Security #: (last 4 digits only)
Check One: <input type="checkbox"/> Fulfilling contract / assignment <input type="checkbox"/> Breaking contract / assignment	Personal Email Address: (used for Payroll)	Last Date to Work: <input type="checkbox"/> Working Summer School
<u>Reason for Resignation (check all that apply):</u> <input type="checkbox"/> Retire through TRS <input type="checkbox"/> Promotion with another school district <input type="checkbox"/> Lateral move with another school district <input type="checkbox"/> Resigning Paraprofessional position to accept teaching position with Katy ISD <input type="checkbox"/> Other: (note reason) _____ <input type="checkbox"/> Going back to school <input type="checkbox"/> Position outside of education <input type="checkbox"/> Position closer to home <input type="checkbox"/> Family / personal obligation <input type="checkbox"/> Family relocation / job transfer		
<u>W – 2 Form</u> <input type="checkbox"/> Mailed to (address) _____		
Signature:		Date:
HUMAN RESOURCES:		
Date Received:		
Human Resources Representative:		Date Accepted: