

INSTRUCTIONS FOR COMPLETING END OF YEAR EXIT FORMS

- ** DO NOT PRINT DOUBLE SIDED
- ** USE BLUE OR BLACK INK ONLY

1. 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.

2. EXIT REPORT FORM

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

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 Katy ISD. Otherwise, you may disregard this document.

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

- Email to exitpaperwork@katyisd.org
- In person to Human Resources Department (Education Support Complex Annex)
- Interoffice mail to Human Resources Department
- By mail to P.O. Box 159 Katy, TX 77492-0159

For additional assistance with the exit process, you may contact:

- **PROFESSIONALS**
 - Tracey Sherrill – 281.396.2351 or exitpaperwork@katyisd.org
- **PARAPROFESSIONALS & AUXILIARY**
 - Ana Reyes – 281.396.2374 or exitpaperwork@katyisd.org

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.



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



Human Resources Department

Exit Packet - Service Record Request Form

(Please print clearly)

Employee Name: _____

Campus/Department: _____

KISD Employment Date(s): _____

Request Date: _____	Resign Date: _____
DOB: _____	Last 4 SS #: _____
Contact Phone #: _____	Email address: _____

***If you are resigning after the current school year completes, your record will be available approx. mid-July to late August depending on the volume of request.**

***If you are resigning mid-year, your record will be available after your last pay check with the district.**

Employee: (Official Record)

Mailing Address:

New School District: (Scanned to HR Contact)

New School District Name: _____

New District HR Contact: _____

New District HR Email Address: _____

Employee Signature: _____

Service Record Contact:

EXIT REPORT



Employee Section

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.***

Human Resources Section

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