
Employee Exit Form (Required for employees who are resigning, retiring, or being released)

Employees should bring the completed form to the Unit Office on or before the last day of work.

Employee Name: _____

Last Day of Employment: _____

Current Address: _____

Phone: _____

Reason for ending your employment (not necessary in case of involuntary release or termination from district):

Arrangements for paychecks (please initial your choice)

_____ Lump Sum or

*Forwarding Address:

_____ Pay over Summer (through August)

_____ Mail to current address on file or

_____ Mail to forwarding address*

Insurance

_____ Continue current insurance (through August) or

_____ Cancel insurance – effective date _____ or

_____ Enroll in COBRA

Sick Days (retirement only) (Please initial your choice)

_____ Apply to TRS or IMRF or

_____ Pay out (where available under AEA 2008-2013 contract provisions)

Keys

_____ Returned and checked in by (initial of unit office employee)

Employee's Signature

Date: _____

Superintendent's Signature

Date: _____