

FARMERSVILLE UNIFIED SCHOOL DISTRICT

Division of Personnel

NOTIFICATION OF RESIGNATION

Date: _____

Name: _____

S.S. # _____ School Site _____

☐ Classified Employee Position: _____

☐ Certificated Employee Grade/Subject: _____

This is to inform you of my resignation effective (LAST DAY ON THE JOB) _____

For the following reasons: _____

☐ Resignation ☐ Retiring Under the following plan _____

☐ PERS ☐ STRS ☐ NEITHER

FORWARDING ADDRESS (IMPORTANT FOR MAILING BALANCE OF SALARY DUE AND W-E FORMS):

_____ Telephone No. _____

Employee's Signature _____

Current Home Address _____

Street

City

State

Zip Code

Approved by:

Personnel: _____ Date: _____

Superintendent _____ Date: _____

Original to Personnel File

Copies to: _____ Board
_____ Superintendent
_____ Principal/Department Head
_____ Human Resources Department
_____ Business Department-Payroll

FARMERSVILLE UNIFIED SCHOOL DISTRICT

ACKNOWLEDGMENT OF RELEASE OF PERSONNEL INFORMATION

I hereby authorize Farmersville Unified School District (FUSD) to release information to prospective employers, upon their request, regarding my employment with FUSD. My signature on this Acknowledgment of Release of Personnel Information Form authorizes FUSD to release the following information. _____

Initials

1. Performance Evaluations
2. Discipline Records
3. Letters of Warning/Reprimand
4. Attendance Records
5. Conditions of Resignation/Termination/Non-Reelection
6. Any Other Job-Related Information

I hereby authorize FUSD to release information to prospective employers or other persons/agencies ONLY as required by law (dates of service, position(s) held, duties, qualifications, information from employment contract).

I HEREBY AGREE TO RELEASE, DEFEND, AND HOLD HARMLESS THE FARMERSVILLE UNIFIED SCHOOL DISTRICT AND ITS OFFICERS, EMPLOYEES, AND AGENTS FROM ANY CLAIMS OR LIABILITY ARISING FROM THE RELEASE OF THE EMPLOYMENT INFORMATION DESCRIBED ABOVE _____.
Initials

Date _____

Print Name

Signature