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

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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: \_\_\_\_\_