



WHITE SETTLEMENT  
INDEPENDENT  
SCHOOL DISTRICT

EXIT REPORT

To be completed by employee:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Forwarding Address \_\_\_\_\_

Check all reasons for leaving (to be completed for all voluntary resignations):

\_\_\_ Moving from district    \_\_\_ Family circumstances    \_\_\_ Took a new position    \_\_\_ Returning to school  
\_\_\_ Dissatisfied with type of work    \_\_\_ Other \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Campus/Department Administrator:

Department/Campus \_\_\_\_\_ Dates Employed \_\_\_\_\_ - \_\_\_\_\_

Position \_\_\_\_\_

Check appropriate type of termination:

\_\_\_ Dismissal    \_\_\_ Retirement    \_\_\_ Nonrenewal    \_\_\_ Reduction in force  
\_\_\_ Resignation    \_\_\_ With notice    \_\_\_ Without notice  
\_\_\_ Extended disability    \_\_\_ Other \_\_\_\_\_

Check-out procedures

\_\_\_ Health insurance    \_\_\_ Disability insurance    \_\_\_ Unemployment insurance    \_\_\_ Group life insurance  
\_\_\_ Return of district property    \_\_\_ Reduction in force    \_\_\_ Authorization for release of employment information  
\_\_\_ Compensatory time    \_\_\_ Notification to court and recipient of child or spousal support  
\_\_\_ Keys    \_\_\_ ID/Security Card    \_\_\_ Equipment    \_\_\_ Books    \_\_\_ Other

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Completed Form to: Human Resources Office



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**AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION**

I hereby authorize White Settlement Independent School District and its duly authorized representatives to release information concerning or relating to my employment with the school district. This employment information, both oral and written, may include material contained in my personnel file and evaluative statements and judgments from my former supervisors. This employment information includes, but is not limited to, academic, salary, achievement, performance, attendance, personal history, disciplinary records, and employment information.

I hereby release any individual providing reference or employment information under this authorization including record custodians from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance or any attempts to comply, with this authorization.

\_\_\_\_\_  
Name of former employee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return Completed Form to: Human Resources Office**