



EMPLOYEE NOTICE OF VOLUNTARY RESIGNATION

Name: _____ DOB: _____ Emp ID # _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

Campus: _____ Position: _____

Please accept my resignation from Killeen Independent School District effective: _____
(Last work day)

Reason for Leaving:

Another Texas district	Pay
Relocation due to military	Retirement
Moving from district	Furthering education
Stay home with children	Other job interests
Medical reason	Relocation other
Family illness	Other, please specify in comment box below

Comments:

Sincerely,

Employee Signature

Date

Principal/Administrator Signature

Date

Accepted/Approved:

Human Resources Administrator Signature

Date