Please Print

Hardin ISD Exiting Employees Form

(Internal Use Only)

To be completed by Administrator/Supervisor

Employee Name: _____
Last First Middle

ADDRESS: _____ City:_____State/Zip: _____

Position: _____ Last Day of Employment: _____ Campus/Location: _____ Receipt of Resignation/Non-renewal/termination notice: _____ Post position on website? Requires Superintendent Signature Approval _____sign _____date	Reason for Departure: _____Retirement _____Resignation _____Termination _____Reduction in Force _____Non-renewal of Contract _____Other Eligible for Rehire? _____ YES _____ NO

Administrator/Supervisor Collects: ***Please initial beside each item collected.***

Return all items below to Technology Dept

_____ Keys/Fob _____ Employee Badge _____Laptop _____Cell phone _____ Clock In/Clock Out Cards

Remainder items will stay on the campus after collected

_____Teacher resources _____Curriculum _____Books

To be completed by Central Office Staff Only: *Ava will distribute sheet to the following people:*

Ava, Shannon, Ashlee, Carol, Cami, Amanda, Rod, Susan, Peek

_____ _____
Administrator/Dept. Head Date Superintendent Date