

EXIT FORM for IISD SCHOOL EMPLOYEE

(This form is to be completed by each exiting employee prior to being issued a final payroll check.)

FINAL CHECKS ARE DIRECTLY DEPOSITED UNLESS THE EMPLOYEE NOTIFIES THE DISTRICT IN WRITING TO ISSUE A PAYCHECK FOR FINAL PAY

NAME:				
(Legal)	(First)	(Middle)	(Last)	(Employee#)
ADDRESS:	(2) (2)	(0):)	(0)	(7: 0, 1)
	(Street)	(City)	(State)	(Zip Code)
Home Email*:		Phone:		
	e contact the I/SD Techi	me, or at a future date, sho nology Service Desk at (972		
ASSIGNMENT (Job Title or Position):		LOCATION OF WORK/ASSIGNMENTS (School/Dept.):		
EMPLOYMENT DATES:	From:	То:		
I request a number:		tial interview with an IISD I	Human Resources a	dministrator. Phone
month <u>after</u> the las	t month you are employed	ng the confidential District ex . The exit survey is distributed l provider's screening criteria.	d through Qualtrics, wl	
Employee Signat	ure	Date		

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