Fredericksburg Independent School District
234 Friendship Lane
Fredericksburg, TX 78624
830-997-9551
Personnel Department

Employee Notice of Voluntary Resignation or Retirement

Complete and sign the following form and return it to your immediate supervisor. Please print clearly.

_____ _____ _____
Last Name First Name MI

_____
Employee ID Number

_____ _____ _____
Street Address City/State Zip

_____ _____
Campus/Department Position

_____ _____/_____/_____
Immediate Supervisor Last Date to Work

This is my notice to: (check one)

☐ **Resign** Effective date of my resignation: _____.

☐ **Retire** Effective date of my retirement: _____.

Reason:

_____

_____

_____ _____
Signature of Employee Date

_____ _____
Signature of Immediate Supervisor Date

_____ _____
Approval of Superintendent (needed for Contract Personnel) Date

_____ _____
Asst. Superintendent of Operations & Personnel Date