



Employee Separation Exit Interview Form

Name: _____ EID#: _____
Last First MI

Address: _____ Phone No.: _____
City State Zip Code

Campus/Department: _____ Position/Assignment: _____

Last Working Day (Date) _____

Check appropriate reason for separation from McAllen ISD:

Retirement

- NOTE: To be eligible for the Paid Leave upon Retirement, contract employees must submit this form 60 calendar days before the last day of employment. Non-contract employees must submit this form 14 calendar days before the last day of employment.

Resignation (please use the "Other" box for a reason not listed or to explain further)

- | | |
|---|--|
| <input type="checkbox"/> Career change | <input type="checkbox"/> Dissatisfied with type of work |
| <input type="checkbox"/> Certification Deficiency | <input type="checkbox"/> Relocating out of area (Where?) _____ |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Other job (Name of Organization): _____ |
| <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Other (Specify): _____ |

Additional "Other" Comments: _____

Employee Benefits Cancellation/Termination of Coverage

For continuation of medical and other benefits, applicable cost and direct payment arrangements, contact the Employee Benefits Office at (956) 618-6007.

Employee Signature: _____

Date: _____

Principal/Supervisor Signature: _____

Date: _____

HR Director Signature: _____

Date: _____

Thank you for your service to the students of McAllen Independent School District!