## Arlington Independent School District Retirement / Resignation Form and Online Exit Form

## Non-Contract Employee

Please complete the form and obtain the necessary signatures. Scan and email to <a href="mailto:subservices@aisd.net">subservices@aisd.net</a>

| Name:                 |   |                  | Today's Date:    |                    |  |     |
|-----------------------|---|------------------|------------------|--------------------|--|-----|
| Curren                | t Position:   |                  | Em               | ployee ID:         |  |     |
| Propos                | ed Final Employme   | ent Date:        | Is this          | resignation in or  | der to retire?YesNo  |     |
| Superv                | risor / Administrator   | <b>:</b>         |                  | Department         | t / Campus:  |     |
|                       |   |                  | Exit Interview   | Questions          |  |     |
| 1.                    | Why have you decided to leave the district?   |                  |                  |                    |  |     |
| 2.                    | Are there concerns or positive comments you wish to share?                            |                  |                  |                    |  |     |
| 3.                    | How does AISD co  | ompare to your p | orevious work ex | speriences with "5 | 5" meaning AISD compares favorabl                                    | y?  |
|                       | 1   | 2                | 3                | 4                  | 5  |     |
| 4.                    | How likely are you to recommend AISD as a great place to work with "5" meaning great? |                  |                  |                    |  |     |
|                       | 1   | 2                | 3                | 4                  | 5  |     |
| 5.                    | What recommendation(s) do you have to make AISD a better work environment?            |                  |                  |                    |  |     |
| 6.                    | 6. If you were able to make one change within AISD, what would it be?                 |                  |                  |                    |  |     |
|                       |   | Please           | attach additiona | al sheets as need  | ed.  |     |
|                       |   |                  | •                |                    | neduled. If you are not retiring b<br>290 to set up an appointment.  | out |
| Resign                | •   | r for the school | l or department  | to make the ned    | e of acceptance of your Retirement cessary transition. Documentation |     |
| Employee Signature:   |   |                  | Date:            |                    |  |     |
| Supervisor Signature: |   |                  | Date:            |                    |  |     |
|                       |   |                  | District Use C   | Only Below         |  |     |
| Date F                | orm Received:   |                  | Superv           | isor Contact Mad   | e if Needed:   |     |

Human Resources Approval: \_\_\_\_\_\_ Date: \_\_\_\_\_