

## PLANO INDEPENDENT SCHOOL DISTRICT SUBSTITUTE RESIGNATION

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
First
Middle
Last

Mailing Address: \_\_\_\_\_  
Street
Appt. #

\_\_\_\_\_

City
State
ZIP

Phone Number(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home
Work / Cell phone

Reason for resigning:

I wish to be removed from the Plano ISD substitute database, which will eliminate the requirement for me to be fingerprinted.

**I hereby resign my employment as a substitute with Plano ISD.  
I understand that my resignation is effective immediately.  
**If I want to substitute for Plano ISD in the future, I will reapply.**  
**I understand that I will be subject to all application requirements at the time of any reapplication with Plano ISD, including fingerprinting.**  
**I further understand that there will be no guarantee of employment in the future.****

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Completed form must be submitted to:  
 Plano ISD – Human Resources  
 Attn: Vicki Pedini  
 2700 W. 15<sup>th</sup> Street, Plano TX 75075

For Human Resources Use Only	
	Received
	Payroll
	Resource Center