PLANO INDEPENDENT SCHOOL DISTRICT

Substitute/Adult Temp Resignation

This form is to notify the Plano Independent School District of my resignation from my current substitute and/or adult temporary position. The following information is to be used to complete the resignation process.

Today's Date					
Date of Birth					
Name					
(Please Print)	First Middle			Last	
Current Address					
	Street	Apt. #	City, State		Zip Code
Phone Number(s)	(Home)			E-mail	
	(Cell)				
Effective Resigi	nation Date				
Reason for resig	gnation (please selec	t one)			_
Accepted employment outside of Plano ISD.					
Accepted full-time employment with Plano ISD. This will automatically remove my name from the substitute system.					
	d part-time employment g from my substitute/ac		d		
	d part-time employment tinue to substitute/adult		<u>d</u>		
	*If you have a new add ge of Address Form.	ress, please comple	ete		
Other:_					
Sigr	nature	Printed	Name		Date
Submit By:					
Pla Mail: At	ano ISD – Human Resource tn: Substitute Office				
27	'00 W. 15 th Street, Plano T	X 75075			
Fax: 46	9-752-8037				
E-mail: Sc	an/email send to: substitut	te@pisd.edu			