

PLANO INDEPENDENT SCHOOL DISTRICT SUBSTITUTE RESIGNATION

Social Security Number: _____

Name: _____
First
Middle
Last

Mailing Address: _____
Street
Apt. #

City
State
ZIP

Phone Number(s): () _____ () _____
Home
Work / Cell phone

Reason for resigning:

- Accepted regular employment with Plano ISD
 Identify position: _____
- Accepted employment outside of Plano ISD
 If accepting employment in another district, please indicate which district: _____
- Other
 Describe: _____

NOTE: If moving out of the area, please complete and return the *change of address* form also.

I hereby resign to my employment as a substitute with the Plano ISD.

Effective Date: _____

Signature
Printed Name
Date

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

For Human Resources Use Only	
	Received
	Payroll
	Resource Center