



2008 EXIT BENEFITS AND PAYROLL FORM

To be completed by Employee and Supervisor as part of Exit Interview Process.

***Not to be used for employees in the following departments: Maintenance, Transportation, Technology, Child Nutrition**
(separate forms available)

please print

NAME: _____ **CAMPUS/DEPT.** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMPLOYEE ID #: _____ **POSITION*:** _____

ARE YOU RETIRING THROUGH TRS? (Circle one) NO YES

IF NO, PLEASE INDICATE YOUR REASON FOR LEAVING: _____

If you terminate employment with the District before completing the number of work days assigned to your school year work calendar, your insurance and benefits will end at midnight on the last day of the month in which your termination is effective. Employees who work through their entire school year calendar and terminate following the completion of their work calendar will have their benefits terminate in accordance with the following table:

Scheduled Number of Days in School Year Work Calendar	Option 1 Benefits Term Date*	Option 2 Benefits Term Date
183,187,192,193,197	June 30	August 31
198,200,202,210,215,220	Benefits term date: July 31	
230,240	Benefits term date: June 30	

*For those employees in the class that has been given an option of termination dates, the District will assume that you are electing Option 2. If you wish to have Option 1, you must mark Option 1 in the space below. (Option 1 may not be available for forms received by Payroll after June 5, 2008.)

_____ **Option 1** _____ **Option 2**

You may be able to Convert the Basic Life insurance and any Supplemental Life insurance you may have to an individual policy. These Conversion policies are not medically underwritten (you cannot be denied coverage); however, you must complete a Conversion packet (available from Employee Benefits) and submit it to our insurance carrier no later than the 31st day following the date coverage was lost through the District. If you wish to receive rate information, please visit the Employee Portal at www.ccisid.net or contact Employee Benefits at benefits@ccisd.net or call (281) 284-0230.

ATTN: Flexible Spending Account Participants:

- If you have enrolled in a Flexible Spending Account you will not be able to use your debit card once your benefits terminate. Charges incurred after your benefits termination date are not eligible for reimbursement.

Employee Signature: _____

Date: _____

MUST BE COMPLETED BY SUPERVISOR:

What was employee's last day active at work: _____

Supervisor Signature: _____

Date: _____

PLEASE RETURN COMPLETED FORM TO EMPLOYEE BENEFITS