

Iraan-Sheffield ISD

RETIREES/RESIGNEES FORM

NAME \_\_\_\_\_ EMPLOYEE ID \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO(S): \_\_\_\_\_

CHECKS:  Direct Deposit     Will Pick Up

Mailed (Address) \_\_\_\_\_

FINAL CHECKS     Paid through end of contract     Paid remaining amount after retire/resignation date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Manager or Superintendent Signature

\_\_\_\_\_  
Date