EXIT BENEFITS AND PAYROLL FORM

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

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

LAST ACTIVELY AT WORK DATE?_____**ARE YOU RETIRING THROUGH TRS? YES NO**

IF NO, PLEASE INDICATE YOUR REASON FOR LEAVING: _____

Scheduled Number of Days in School Year Work Calendar	Final Paycheck	Benefits End at Midnight on
230+ Days	June 20	June 30
198-220 Days/Technology 230 Days	July 20	July 31
170-197 Days/M&O 220 Days/M&O 230 Days/Transp. 215 Days/Transp. 230 Days	August 20*	August 31

PAYROLL

For those employees that have terminated employment on the last day of their work calendar, the District will process your final paycheck according to the schedule above.

_____***Employees completing a 170-197 day work calendar may elect to receive a final paycheck on June 20 by checking here. This form must be received by June 1 for this election.**

BENEFITS

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.

For those employees that have terminated employment on or after the last day of the school year, the District will terminate your benefits according to the schedule above.

You may elect to change your benefits termination date to a date other than the date listed above. The premiums for any additional months of coverage will be deducted from your final paycheck. Please indicate the date you elect to terminate your benefits.

(Do not check a box if you are going to use the Benefits End Date in the box above.)

_____ **June 30** _____ **July 31** _____ **August 31**

Please go online to the CCISD Employee Access Center to make address changes.

Employee Signature:_____ **Date:**_____

PLEASE RETURN COMPLETED FORM TO BUSINESS SERVICES
Email: benefits@ccisd.net Fax: (281)284-9916