REQUEST FOR RELEASE OF CONTRACT
CONTRACT EMPLOYEES

Scan and email to wendy.cebrian@gpisd.org (Secondary) or debbie.cheatham@gpisd.org (Elementary) REVISED 02/03/2015

EMPLOYEE USE ONLY Date of Birth_____

Employee Name_____ Social Security #_____

Campus/Dept._____ Phone #_____

Current Assignment_____ Grade Level (if applicable)_____

I AM REQUESTING TO BE RELEASED FROM MY CONTRACT EFFECTIVE DATE [ ]

I understand if my requested release date occurs within categories A or B below, my release will be granted.

___A. This date occurs upon the completion of the terms of my current contract
___B. This date occurs prior to the 45th day before the first day of instruction of the next year's contract
___C. My requested release date does not fall within category A nor B above

Explain reason for request:_____

Please initial after reading statements below:

___ I have attached a signed and dated letter of resignation.

___ I understand it is my responsibilities to keep Grand Prairie ISD informed of any changes in address until I have received my last IRS W-2 form (Wage and Tax Statement).

___ I understand if my release date falls within category C, I will not be granted approval until a suitable replacement is identified and employed.

___ I further understand the superintendent/designee has final authority to grant or deny my request.

___ I understand if I have an email account with the District, it will be deleted effective the last day of employment.

___ I understand I can refer all questions regarding continuation of benefits to the Payroll Office.

___ I have completed the "Exit Inventory Checklist" form with my supervisor; I understand & agree if I have not returned all GPISD property and equipment, GPISD can withhold my final check.

Employee Signature_____ **Date**_____

Supervisor Signature_____ **Date**_____

HUMAN CAPITAL OFFICE USE ONLY

___Recommend approval from release from contract
___Do not recommend approval from release from contract Delay until ____/____/____
___Replacement required ___Post Immediately ___Delay until ____/____/____
___Replacement not required, please explain _____

Deputy Supt. of Human Capital/Designee_____ **Date**_____

Reference: Board Policy DFE (LEGAL/LOCAL) Administrative Procedure DF-R

TECHNOLOGY DEPARTMENT USE ONLY:

Technology items will be assessed for damage during turn-in.
Items will be evaluated on a 4 point scale. 4 – Like New; 3 – Good Condition; 2 – Fair Condition; 1 – Broken or Damaged;
Items returned with a quality of 2 or lower may be deducted from the final pay check.

Item:		Date Returned	Asset Tag:	Condition	REPAIR/REPLACMENT COST
o	Key (specify # returned)	_____	_____	_____	
o	Laptop	_____	_____	_____	
o	iPad/Tablet	_____	_____	_____	
o	Badge	_____	_____	_____	
o	Other Technology	_____	_____	_____	

Technology's Signature:_____ Date: _____
Employee Signature: _____ Date: _____