Mercedes Independent School District
333 S. Ohio Street * PO Box 419
Mercedes, Texas 78570
956-514-2079

REQUEST FOR RELEASE

If you are planning to resign or retire (separate) from your present position with the Mercedes Independent School District, the following information must be supplied.

Name:_____
Last First Middle Social Security #

Mailing
Address:_____

_____
City State Zip Code

Phone Number:_____ Email Address:_____

Current
Position:_____ Campus: _____

Last Day of Employment:_____

Reason for Request for Release:

_____ Retirement

_____ Indicate number of service years (Retirement Only)

_____Resignation: Reason for Resignation (Please be specific):_____

_____

_____

_____ _____
Requested by Employee (Signature) Today's Date

_____ _____
Accepted by Superintendent Date

REVISED 09/2018