



Date: _____

Name: _____

SSN: _____

I plan to **Retire/Resign** (circle one) of my own free will, from my position as _____
at _____ School.

My last day of work will be: _____

Reason for leaving: _____ (write in number from below)

| Support Staff | Certified Staff |
|---------------------------------|--|
| S1 – Closer to home & family | C1 – Leaving NM to teach in another state |
| S2 – Education | C2 – Left for reasons other than retirement |
| S3 – Health or Family | C3 – Left to teach in private school in NM |
| S4 – Leaving education field | C4 – Went to other public/charter NM district |
| S5 – LOA | C5 – Took non-teaching position in district |
| S6 – Other employment | C7 – Retired |
| S7 – Moving or spouse | C8 – Personal reasons |
| S8 – Personal reasons | C12 – Resigned prior to completion of contract |
| S9 – Resigned by mutual consent | C15 – Military service |
| S10 – Retire | C16 – Teaching in another country |
| S11 – Other _____ | C19 – Other _____ |

Current mailing address: _____

In January, please mail my W-2 to the following address:

Forwarding email address (do not use CMS email account):

Signature: _____

Return to: Employee Services
Clovis Municipal Schools
P.O. Box 19000
Clovis, New Mexico 88102-9000



ADDRESS CHANGE FORM

NAME ON FILE: _____

OLD ADDRESS: _____

STREET OR BOX NUMBER

CITY

STATE

ZIP

NEW ADDRESS: _____

STREET OR BOX NUMBER

CITY

STATE

ZIP

PHONE NUMBER: _____ LAST 4 OF SSN: _____

SIGNATURE: _____ DATE: _____

RETURN TO EMPLOYEE SERVICES DEPARTMENT

FOR OFFICE USE ONLY

PLEASE SIGN AND DATE WHEN THE INFORMATION HAS BEEN CHANGED.

EMPLOYEE SERVICES: _____ DATE: _____

INSURANCE/BENEFITS: _____ DATE: _____

RETURN TO EMPLOYEE SERVICES DEPARTMENT



AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby request and authorize the **Clovis Municipal Schools** to release any personnel and employment related information including but not limited to letters of reference regarding my job performance while employed at the Clovis Municipal Schools, service records, training documents and employee evaluations.

I am also waiving any right of action, cause of action or other means of redress I may have against any person and/or employee of the Clovis Municipal School District or the Clovis Municipal School District itself.

Printed Name

Date

Signature

Social Security Number

Address

City

State

Zip Code

EXHIBIT

EXHIBIT

**PROFESSIONAL / SUPPORT STAFF VOLUNTARY
TRANSFER OF ACCRUED ANNUAL OR SICK LEAVE**

Request to Donate Annual or Sick Leave

Name: _____

Date of Application: _____

Mailing Address: _____

Street or Box Number *City* *State* *Zip*

Phone number: _____ Work Location: _____

Job Title: _____

I request that annual or sick leave be transferred to the leave account of an approved leave recipient (name if applicable) { _____ } under the Transfer of Annual or Sick Leave Policy of this District.

The Amount of Annual and sick leave I am transferring also does not reduce my accrued leave below that allowed by policy.

I request to transfer _____ days to the recipient named above.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I will have a pro-rated share returned to me during the current leave year.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Conditions and Limitations to Donations:

- The donated leave will be limited to annual leave or sick leave (sick leave will be any paid leave that the district, by policy, allows to be used for that purpose).
- The personal donating may only donate already accrued leave and shall maintain in accrued leave at least twenty (20) days of annual/sick leave (or the equivalent) at the time of the donation.
- Donations will be by accrued days of leave, using either the donor's current daily wages or hourly wages earned for each donated day. The recipient shall receive the donation converted to the daily wages or hourly wages they currently earn



CLOVIS MUNICIPAL SCHOOLS – EMPLOYEE FINAL CHECK OUT FORM

Employee: _____ Site: _____ Supervisor: _____

| Supervisor initial when complete | Please manage your final checkout form in the order listed below. |
|--|---|
| 1. SITE CHECKOUT | |
| a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____ k. _____ l. _____ m. _____ n. _____ o. _____ p. _____ q. _____ r. _____ s. _____ | a. Personal items removed from classroom/office b. Teacher materials and/or professional materials returned c. Grades current in Skyward as per District requirements d. Cumulative folders/Next Step Plans updated per District requirements e. Student data f. Assessments administered/scored/recorded per District requirements g. Data analysis worksheets completed per Site requirements h. Student fine list submitted for any fines NOT YET COLLECTED i. Inventory forms completed j. Keys returned k. Clearance received from Finance Secretary (site) l. Technology Equipment inventoried m. District ID Badge returned n. Exit Survey completed (Principal to remind employee) o. Purchasing card returned p. Forwarding information received q. Authorization to Release of Information form completed r. Parent Skyward access granted s. Laptop & AC Cord to Principal (Principal to schedule pick up of items with technology.) |
| 2. (SPED EMPLOYEES) STUDENT SUPPORT CENTER – 1600 Sutter Place | |
| _____ SSC Administrator or Designee Initials | <ul style="list-style-type: none"> ● Caseload IEPs turned in ● Monitor logs turned in ● Completed Progress Reports turned in ● SPED-issued technology returned |
| 3. CENTRAL OFFICE CHECKOUT – 1009 Main Street | |
| Please contact the Benefits Clerk with any questions regarding your retirement or benefits. 575-769-4300 Ext. 5511 | |