



Notification of Retirement

Employees retiring from the Northside Independent School District (NISD) **must** complete and submit the Notification of Retirement form to the Office of Employee Benefits & Risk Management. Forms will be accepted in person, via fax or email. Once this form is received by the Office of Employee Benefits & Risk Management, all appropriate personnel will be notified.

This serves as official notice to the Northside Independent School District of my retirement through the Texas Teacher Retirement System (TRS) effective the last day of _____ (month) _____ (year) .

My last day of work is ____/____/____.
(Month/Day/Year)

Complete only if applicable:

I am currently on leave of absence (i.e. personal illness, family illness, etc.) and I am retiring from my leave. My last day on leave is ____/____/____.
(Month/Day/Year)

Leave Buy-Back Agreement

As authorized in Board Policy DEC (Local) and Administrative Regulation HR15-Buy-Back of Leave, I hereby request reimbursement for unused earned leave upon my retirement through TRS. I understand and agree that I will get paid at the approved rates for all unused earned State and Local Leave; and if I return to work for NISD at any time, for any reason, all accumulated state and local leave for which I was paid at the time of retirement will not be available for my use at NISD. I understand that the payment will be made upon confirmation of my retirement from TRS. I also acknowledge that if I elect to fund my retirement plan with my leave payment, NISD is not responsible for any contributions exceeding the annual retirement plan limits set by the IRS. _____

Initials

Leave Payment Options

- ☐ I elect to have my Leave Buy-Back reimbursement paid directly to me.
- ☐ I elect to have my eligible 403(b) or 457(b) retirement plan funded by my Leave Buy-Back reimbursement.

Please complete all the information requested below:

Retiring Employee Name (as shown on payroll records): _____
Last Name First Name M.I.

Employee ID Number: _____ Personal Email Address: _____

Campus/Department: _____ Position/Job Title: _____

Mailing Address: _____ City, State, Zip: _____

Home or Cell phone number: _____

Retiring Employee Signature: _____ **Date:** _____

HR USE ONLY

Date Received: _____ Work Calendar: _____ Last Work Date: _____ Last Pay Date: _____ BTR Eff: _____

PA Entered: _____ NOR in TCM: _____ LBB Notes in PA: _____ BSwift Inactivated: _____ UHC Inactivated: _____

Years of Service Internal: _____ In-State: _____ R&R List: _____