



IRVING INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCES

2621 W. Airport Freeway, Irving, Texas 75062-6020 (physical address)
909-Admin/HR – Suite 1100A|PO Box 152637 Irving, Texas 75015-2637
(mailing address)
972-600-5225 (phone) 972-215-5221 (fax)

Request for Release of Contract
Form must be delivered to Human Resources

Employee Name: Employee ID:
Campus/Dept: Current Assignment:
Grade Level (if applicable): Best Contact Number:

I AM REQUESTING TO BE RELEASED FROM MY CONTRACT EFFECTIVE
(DATE) Supervisor's Name:

Please initial after reading each statement below:

- I have attached a signed resignation letter, clearly explaining reason for my request.
I have notified my supervisor of my request for release.
I understand that Irving ISD may report me to the Texas Education Agency should I leave without a full release.
I understand that my request falls less than 45 days prior to the first day of instruction and I will not be granted approval until a suitable replacement is identified and employed.
I understand the superintendent or his 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 am not released from my contract until I have received final confirmation from the Human Resources Department.
I understand and agree I must return all Irving ISD property and equipment (keys, badge, computer, etc.) to the campus before a release can be completed. I presented all district property to: (Name) on (date).

Employee Signature: Date:

FOR HR USE ONLY
Spoke to supervisor (Name) on (Date).
Recommend approval from release from contract
Do not recommend approval from release Delay until (Date)
Replacement required Post immediately Delay until (Date)
Replacement not required, please explain
HR Representative:
Notified employee of decision: By phone: (Date) By letter-mailed on: (Date)
HR Representative:
Notified supervisor on (Date) by phone/email (circle one)