



IMPORTANT NOTICE

Please be aware that all terminating employees are responsible for completing a termination packet and an Employee Exit Questionnaire as required by Board Policy DC (Local).

The Employee Exit Questionnaire can be accessed by holding control and clicking the this link: [Employee Exit Questionnaire](#). Alternatively, you may go on the O: drive in the folder labeled Employee Exit Questionnaire. Open the document, when you double click on it, it will open your web browser and allow you to fill out your exit questionnaire electronically.

If you prefer to meet with Personnel Administrator in addition to completing the Exit Questionnaire, please contact Susan Stevens at 972-968-6162 to request an appointment.

Normal Office Hours:
8:00 AM – 4:45 PM Monday – Friday



NOTICE TO TERMINATING EMPLOYEES

1. A **signed letter stating your request** (resignation or leave of absence) must accompany this packet.
2. The forms listed below must be completed, signed by the principal/supervisor and submitted to Personnel Services by the employee as soon as they know they are resigning from the district:
 - A. **Request for Resignation, Leave of Absence or Retirement**
 - B. **Required Staff Development Non-Contract Workday Form**

3. **Terminating professional and paraprofessional employees who do not complete the school year** will receive their final paycheck on the next scheduled payday, or the following month depending on their termination date. For questions about your final paycheck please contact PayrollDepartment@cfbisd.edu.

Terminating auxiliary employees will receive their final paycheck on the payday following the end of the pay period in which the termination is effective. Benefits will end the last day of the final month of employment.

4. Terminating professional and paraprofessional employees who complete the school year will receive a regular paycheck through the remaining pay period (12 month through June, 11 month through July and 10 month through August.) TRS rules allow you to continue medical coverage thru August 31 if premium is paid. Please contact the Benefit Office in advance if your final check is June or July and you would like to pay for coverage through August 31. All insurance coverage will terminate at the end of the month in which you receive your final paycheck or the last day of the month of final month of employment if termination is midyear.
5. **Upon termination of your employment, you may be eligible to continue your medical insurance coverage under the provisions of COBRA with Aetna via WellSystems (1-844-752-5146) or Scott & White- HMO (1-800-884-4901), as applicable. COBRA continuation for dental, vision and/or medical reimbursement (FSA) will be mailed from National Benefit Services (NBS: 1-800-274-0503). All COBRA documents will be mailed to the employee's home within 30 days from the date the coverage will terminate.**

You may apply to UNUM Life Insurance Company to port life insurance at the group term rates or convert all or part of your coverage to whole life coverage. You can convert your coverage even if you are seriously ill or disabled. UNUM must receive the application within 30 days of your termination date. The Benefits Office must complete a portion of the application so please contact the Benefits Office if you wish to continue your life insurance.

Cancer, Disability, Hospital Indemnity and Accident plans can be continued by contacting the carrier directly within 30 days of your last day of coverage to arrange for direct payment. You must have been covered under the Cancer or Disability policy for at least 12 months in order to continue coverage.

6. If you are terminating your employment with the Carrollton-Farmers Branch Independent School District and do not plan on returning to public education, you may withdraw your money from your Teacher Retirement Account. If it is your decision to do so, it is necessary for you to complete a TRS6 form which can be obtained from www.trs.state.tx.us or the Payroll Department.

Please be advised that the TRS6 form must be signed by the terminating employee in the presence of a notary public. This form may be notarized in Personnel Services or the Payroll Department and mailed to TRS at the address printed on the form. Questions regarding the TRS6 form should be directed to Rebecca McDowell, Payroll Director at (972) 968-6168.

By my signature on the Request for Termination, Leave of Absence or Retirement form (second page of this packet), I acknowledge that I have received information concerning termination of my employment and that I am aware of my responsibility in following the procedures related to termination of my employment with Carrollton-Farmers Branch Independent School District. I also understand that my final paycheck will be adjusted for any unearned leave that I may have used.

**CARROLLTON-FARMERS BRANCH ISD
REQUEST FOR RESIGNATION, LEAVE OF ABSENCE OR RETIREMENT**

Part I –Complete by Employee

I am requesting: Resignation Retirement (TRS Only)

My last day of work: _____

NAME: _____ SS# (last four): _____

HOME ADDRESS _____
Street Address City State Zip Code

PHONE # _____ CAMPUS _____ POSITION _____

ASSIGNMENT _____ SUPERVISOR/PRINCIPAL _____ Grade Level/Subject _____

Before a request of Temporary Disability Leave can be reviewed for approval, a physician’s statement concerning the specific medical reason(s) for the leave must be submitted to Personnel Services.

If you are requesting Resignation of your employment....

.....**during the school year**, return this form to your supervisor/principal as soon as you know you are resigning from the district or at least 2 weeks prior to the date you are requesting as your termination date. For contract personnel, release from your contract with the district is contingent upon the securing of a suitable replacement and Board approval.

..... **at the end of the school year**, return this form to your supervisor/principal as soon as you are resigning from the district.

Employee’s Reason for Termination/Retirement

_____ Employee’s Signature

_____ Date

PART II –Completed by Supervisor/Principal

Administrator’s Reason for Separation

If separation was voluntary, did employee give advance notice? ___ Yes ___ No

If yes, how much? _____

Employee has turned in all district property (ex: Keys, Badge, Lap Top/iPad, and /or Instructional Materials/Books) ___ Yes ___ No

If employee was terminated, had employee been previously notified of his/her deficiencies to be corrected?

___ Yes ___ No Dates: _____ By Whom: _____

Explain _____

PRINCIPAL’S /SUPERVISOR’S RECOMMENDATION: _____Request Approved _____Request Not Approved

_____ Principal’s/Supervisor’s Signature

_____ Date

PART III – Completed by Personnel Services

PERSONNEL SERVICES ACTION: _____ Request Approved _____ Request Not Approved

_____ Approved by _____ Date _____ Last Day to Work

Dates of Employment: Beginning _____ Ending _____ Ending Wage _____

PAYROLL INFORMATION FOR TERMINATING EMPLOYEES

Direct Deposit

ALL Employees who terminate employment with the C-FB ISD will continue direct deposit for their final payroll check. If you have questions about your direct deposit, please contact the Payroll Department at PayrollDepartment@cfbisd.edu

Final Pay Check

Professional or Para-Professional employees who complete their scheduled work year will receive their final check according to the following pay cycles.

Work Days 178-201 – Final check August

Work Days 202-219 – Final check July

Work Days 220 + - Final check June

For early terminations – please contact the Payroll Department at PayrollDepartment@cfbisd.edu for your final paycheck date.

Address Changes / W-2's

W-2's will be mailed no later than January 31st. If your address changes before January, please notify the Payroll Department at PayrollDepartment@cfbisd.edu.

Former Employees – Access to *Employee Self-Serve*

Updated: 01-29-2014

Former C-FB ISD employees will need to create a new account in order to access [TEAMS Employee Self-Serve](#).

Welcome to the Carrollton-Farmers Branch ISD Employee Service Center

Please log in with your TEAMS user ID and password.

Login

User ID: *

Password:

[Sign On](#) [Forgot Password](#) [Forgot User ID](#)

Need an Account? [Register](#)

1. Click the 'Register' link on the *TEAMS Employee Self-Serve* Welcome Page.

2. Enter data into required fields and click the 'Ok' button.

Register

Register

Last 4 Digits of SSN: *

Date Of Birth: *

Last Name: *

[Ok](#) [Cancel](#)

3. Specify a new User ID, Password, and Hint Question/Answer.

- The User ID must be new and unique.
- **Do not use** your former district username (lastname+first initial)

4. Once new credentials are entered, click the 'Ok' button

Register

Register

User ID:

Password: *

Verify Password: *

Hint Question: *

Hint Answer: *

[Ok](#) [Cancel](#)

5. The new account will be created and you will be directed back to the *Employee Self-Serve* Welcome Page.

6. You can now sign-on to Employee Self-Serve with your new TEAMS account.

* Please contact the Service Desk if you have any questions.
972.968.4357

Account created. You may now sign into TEAMS

An Innovative Leader in Learning

Carrollton-Farmers Branch ISD

Employee Service Center

Welcome to the Employee Service Center

Please log in with your TEAMS user ID and password.

Login

User ID: *

Password:

[Sign On](#) [Forgot Password](#) [Forgot User ID](#)

Benefits for Terminating and Retiring Employees

(Please update your address, if necessary, so that you can receive important District correspondence such as W-2's, 1095 forms and COBRA Information)

Health (Medical) Insurance: COBRA rates are the current active regular employee costs + \$278.00 + a 2% Administrative Fee.

- **Employees completing the Instructional Year:**
 - If you complete the Instructional Year your health insurance can continue through August.
 - If you work a **12 month schedule (220+ work days), your benefits will end as of July 1.** If you want to continue health insurance coverage through August you must contact the Benefits Office at 972-968-6120 to make arrangements.
 - If you work an **11 month schedule (202 – 219 work days) your benefits end as of August 1.** If you want to continue health insurance coverage through August you must contact the Benefits office at 972-968-6120 to make arrangements.
 - If you work a **10 month schedule (178 – 201 days) all benefits end as of August 31.** There is no need to contact the Benefits Office unless you have specific questions.
- **Employees terminating without completing the Instructional or Scheduled Work Year:**
 - If you do not complete the Instructional or your scheduled work year, your health insurance and all other benefits will end on the last day of the month of your termination date.

COBRA CONTACTS FOR HEALTH INSURANCE

- **TRS Active Care** health insurance plans (ActiveCare 1 HD, ActiveCare 2, and ActiveCare Select) will receive COBRA Continuation information from Aetna via Bswift who may be contacted at **1-833-682-8972** if you have questions.
- **Scott & White HMO** participants will receive COBRA Continuation information from Scott & White Medical Plan via Wageworks who may be contacted at **1-877-722-2667**.

Hospital Indemnity Coverage:

- Aflac Hospital Indemnity insurance terminates according to the schedules above. It is Portable at the group rate by contacting AFLAC at 800-433-3036 and requesting continuation of coverage thru direct pay within 30 days of coverage ending.

Dental and Vision Insurances:

- Dental and Vision Insurances will terminate according to the work schedules above. There is no option to continue these coverages through August if your work schedule is 11 or 12 months. You do have the option to continue these benefits through COBRA Continuation. National Benefit Services (NBS) will send COBRA notices via USPS. National Benefit Services can be reached at 1-800-274-0503 if you have questions. COBRA costs for Dental and Vision are 2% higher than active employee costs.

Flexible Spending Accounts

- Healthcare Reimbursement and Dependent Care Reimbursement (Flexible Spending Accounts) will terminate according to the termination dates above. There is no option for COBRA Continuation for Dependent Care Reimbursement Funds although you may file a claim for any remaining funds that were incurred before your benefit termination date within 90 days to avoid forfeiture (losing your money). Healthcare Reimbursement plans are eligible for COBRA continuation if funds are remaining in your account. NBS will send COBRA Continuation notices via USPS. Terminating employees have 90 days to file a paper claim for reimbursement of remaining Healthcare Reimbursement funds incurred before their benefit termination date to avoid forfeiture (losing your money). Please call NBS at: 1-800-274-0503 if you have questions.

LIFE INSURANCE

- Voluntary Term Life and Employer Paid Basic Life will remain in effect according to the schedules above. You can apply to Unum Life Insurance Company to continue coverage, even if you are ill or disabled. You must notify the Benefits Office immediately if you wish to do this. **You have 30 days from your termination date to apply to continue coverage.** You must apply to Unum within this timeframe and the Benefits Office must complete the Employer Portion of the application before you can apply. Applications are available on Benefit Portal www.mybenefitshub.com/cfbisd The Benefits Office can be reached at 972-968-6120.

CANCER and ACCIDENT Insurances:

- Cancer and Accident insurance remain in effect according to the schedules above. Both of these insurances are portable. Please notify American Public Life at 1-866-874-5725 within **31 days of your insurance termination date** to continue Cancer coverage through direct pay. Please notify Lincoln Financial at 1-800-423-2765 within **31 days of your insurance termination date** to continue Accident coverage through direct pay.

DISABILITY Insurance:

- Disability will remain in effect according to the schedules above. If you are receiving disability benefits at the time of separation, benefits will continue through the maximum duration period under the guidelines of the plan. Disability insurance is portable for up to 12 months, if coverage has been in effect for consecutive 12 months. Portability is not available for retirees. Rates are based on age and the premium rate in effect on the date of application for portability. Contact OneAmerica at 855-517-6365 within 31 days after end of coverage to requesting continuation of coverage thru Portability. Other exclusions may apply.

Additional Benefits for Retiring Employees

Retiring employees' benefits will remain in effect according to the information above.

Contact FBS at 800-583-6908 or www.fbshealthpass.com for information on additional plans for dental, vision, critical illness or telehealth plans.

For questions, please contact the Benefits Office at 972-968-6120 or www.mybenefitshub.com/cfbisd Thank you!

FAIR DAY MAKE UP DAY – STAFF DEVELOPMENT

Resignation Packets received in Personnel Services/Payroll with this form missing will result in all required makeup days being DOCKED at the employee's daily rate of pay.

****All Professionals working 187 – 226 day Calendars are required to makeup Fair Day via campus alternative.**

PLEASE READ: This form is to be completed by the Employee and must be approved and signed by the Principal. Both Employee and Principal signatures are required. Forms received in Payroll without both signatures will result in the required make up days being DOCKED at the employee's daily rate of pay.

19-20 School Holiday:

1. **October 14, 2019** - (All campus **Professional staff) Required campus alternative for this date was completed as follows:

_____	_____	_____
Date(s)	# of Hours	Name of Campus Activity
_____	_____	_____
Date(s)	# of Hours	Name of Campus Activity
_____	_____	_____
Date(s)	# of Hours	Name of Campus Activity

Total # of hours: _____

Please sign and return this form with the termination packet to the Personnel Services.

Printed Employee Name

TEAMS ID #

Employee Signature (Required)

Last Day of Employment

Principal Signature (Required)

Date Signed

If you have any questions, please contact Personnel Services at 972-968-6189 or 972-968-6160.