



Brownsville Independent School District

1900 Price Road, Brownsville, Texas 78521-2417 (956) 548-8000 Fax: (956) 548-8019

Dr. Sylvia Ann Reyna Hatton
Interim Superintendent of Schools

March 19, 2019

Dear BISD Employee:

At a Special Called Board Meeting held on March 18, 2019, the BISD Board of Trustees voted to open an Early Notification of Voluntary Resignation Incentive Program for all non-retired/rehired employees with 15 years of service with BISD at the end of the 2018-2019 school year.

Under the Program, all qualifying Special Assignment, Certified, and Classified Personnel who notify the District of their intent to resign from the BISD at the end of the 2018-2019 school year will receive a supplemental payment of: \$2,000 for employees with 15-19 years of service, \$3,000 for employees with 20-24 years of service, \$4,000 for employees with 25-29 years of service, \$5,000 for employees with 30-35 years of service, \$7,500 for employees with 36-40 years of service, and \$10,000 for employees with 41 or more years of service, less applicable withholdings.

To qualify for the supplemental payment, employees with 15 or more years of service must hand-deliver a Letter of Resignation signed by the employee and supervisor, to the BISD Human Resources Department starting on March 19, 2019 at 8:00 a.m. and ending April 30, 2019 at 5:00 p.m.

Employees who qualify for the incentive and submit their letter of separation on a timely basis will receive their supplemental payment on July 25, 2019. Please be advised under IRS rules, the supplemental payment will be taxed at 25%.

Please note any employee who takes advantage of this Incentive Program, will not be eligible for full-time re-employment with the District for the next three consecutive school years (2019-2020, 2020-2021 and 2021-2022). Employees have 45 calendar days after signing the agreement to rescind their resignation letter. All employees submitting the signed agreement on or before April 30, 2019 will be paid on July 25, 2019.

Should you have any questions, please contact the Human Resources Department, at 956-548-8051.

Sincerely,

A handwritten signature in blue ink that reads "Maricela Franco".

Maricela Franco
Human Resource Administrator

BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.

BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad, discapacidad o información genética en el empleo o en la provisión de servicios, programas o actividades.



BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

HUMAN RESOURCES DEPARTMENT

1900 Price Road, Suite 106 • Brownsville, Texas 78521
(956) 548-8031 or (956) 548-8051 • FAX (956) 548-8142 or (956) 504-5636

LETTER OF RESIGNATION/RETIREMENT

Date: _____

Name: _____ Employee ID#: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: () _____

Campus/Department: _____ Position: _____

Last day of contract/work: _____

(Please initial)

Resignation _____ Retirement _____

Lump sum: Yes _____ No _____

Reason for resignation/retirement:

Employee Signature: _____ Date: _____

Principal/Administrator Signature: _____ Date: _____

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EARLY NOTIFICATION OF VOLUNTARY RESIGNATION INCENTIVE AGREEMENT FOR BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

This Early Notification of Voluntary Resignation Incentive Agreement (the "Agreement") is made and entered into by and between Brownsville Independent School District (the "District") and (the "Participant" or "I").

WHEREAS, the Participant has represented, and does hereby represent, to the District that, the Participant satisfies the following criteria:

- (a) The Participant is currently employed by the District and the Participant's contract is eligible for renewal for the 2019-2020 school year, or the Participant is currently employed and is eligible for employment with the District during the 2019-2020 school year.
- (b) The Participant is not employed by the District on a part-time/substitute basis.
- (c) The employee has been employed with the District for a minimum of 15 years of service at the end of the 2018-2019 school year.
- (d) The employee has not been on administrative leave during the 2018-2019 school year or is not currently on administrative leave.
- (e) The employee has not resigned in lieu of proposed termination.
- (f) The employee is not a "retire/rehire" employee as the term is understood in the District.

WHEREAS, the Participant has voluntarily chosen to take advantage of the District's Voluntary Resignation Incentive Program ("Program");

NOW, THEREFORE, in consideration of the premises and the consideration recited herein, and for other good and valuable consideration, the sufficiency of which is hereby expressly acknowledged, the District agrees to pay Employee benefits set forth herein through this Early Notification of Voluntary Resignation Incentive Program Agreement as approved by the Board of Trustees on March 18, 2019.

- 1) **Termination of Employment.** Participant hereby voluntarily resigns/terminates from his or her employment, with the District, as of the last day the Participant is scheduled for work duty in the 2018-2019 school year.
- 2) **Resignation Incentive Benefits.** Early Resignation Incentive Payment specified shall be calculated as follows:

Employees with 15 – 19 Years of Service	\$ 2,000.00
Employees with 20 – 24 Years of Service	\$ 3,000.00
Employees with 25 – 29 Years of Service	\$ 4,000.00
Employees with 30 – 35 Years of Service	\$ 5,000.00
Employees with 36 – 40 Years of Service	\$ 7,500.00
Employees with 41 or more Years of Service	\$10,000.00

- 3) **Local and State Days Paid.** All certified teachers and Instructional Aides that require a substitute, such as Special Ed One to One Aides, Special Ed Structure for Life Aides, Special Ed Behavior Intervention Aides, Special Ed PPCD Aides, Special Ed Life Skills Aides, Special Ed CBVI Aides and Three Year Old Program Aides, that report to work rather than request a substitute teacher, are eligible to be paid \$100 per day, in addition to their regular pay (up to 54 local/state days), in lieu of being absent.
- 4) **Waiver and Release of Claims.** For the consideration recited herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged,

I, the Participant, for myself, and for my heirs, executors, successors, and assigns, do hereby fully RELEASE, ACQUIT AND DISCHARGE the District, its trustees, employees, officers, and agents, both past and present, who might be claimed to be liable to me from any and all claims, liabilities, demands, expenses, attorney's fees or causes of action, known or unknown, which may have accrued in whole or in part and which are based upon facts occurring before the date on which Employee signs this Agreement. Participant hereby acknowledges that there are various State and Federal laws and provisions that govern my employment relationship with the District and/or prohibit employment discrimination on the basis of age, color, race, gender, filing a workers' compensation claim, national origin, mental or physical disability, religious affiliation, or veteran status, including, but not limited to, the Texas and U.S. Constitutions, the Texas Commission on Human Rights Act, Title VII of the Civil Rights Act of 1964. The Civil Rights Act of 1991, 42 U.S.C. Section 1981, 42 U.S.C. Section 1983, Executive Order 11246, the Rehabilitation Act, the Older Worker Benefit Protection Act, the Age Discrimination in Employment Act, the Employee Retirement Income Security Act, the American with Disabilities Act, the Family Medical Leave Act, the Texas Workers' Compensation Act, and the Texas Labor Code.

I understand that in consideration of the incentive payments provided for in this Agreement, I intend to give up any rights I may have under these or any other laws with respect to my employment and termination of employment at the District and acknowledge that the District has not (a) discriminated against me, (b) breached any express or implied contract with me, or (c) otherwise acted unlawfully toward me.

Therefore, on behalf of myself, and my heirs, executors, administrators, successors, and assigns, I release and discharge the District, its trustees, employees, officers, and agents, both past and present, from any and all claims, and causes of actions related to, or arising out of my employment or termination of employment with the District based on facts occurring prior to the date of this Agreement. This includes, but is not limited to, claims arising under federal, state, or local laws, regulations, orders, or ordinances, including but not limited to, the Texas and U.S. Constitutions, the Texas Commission on Human Rights Act, Title VII of the Civil Rights Act of 1964. The Civil Rights Act of 1991, 42 U.S.C. Section 1981, 42 U.S.C. Section 1983, Executive Order 11246, the Rehabilitation Act, the Older Worker Benefit Protection Act, the Employee Retirement Income Security Act, The

Americans with Disabilities Act, the Family and Medical Leave Act, the Texas Workers' Compensation Act, the Age Discrimination in Employment Act, the Texas Labor Code, and any claims and/or causes of action of whatever kind or character, in tort or contract, statutory or otherwise, for legal or equitable relief.

I additionally waive and release any right I may have to recover in any lawsuit or proceeding brought by me, an administrative agency, or any other person on my behalf or that includes me in any class. If I breach this paragraph, I understand that I will be liable for all expenses, including costs and reasonable attorney's fees incurred by the District in defending the lawsuit or charge, regardless of the outcome. I agree to pay such expenses within thirty (30) calendar days of written demand. This paragraph is not intended to limit me from instituting legal actions for the sole purpose of enforcing this Agreement. I also agree to waive any right to reinstatement or any future employment or relationship with the District for at least three (3) years from the end of my employment. However, the District retains the right, in its sole discretion, to consider me for future employment pursuant to the terms of this Agreement. Additionally, in signing the Agreement, I acknowledge and agree to the following:

- a) I acknowledge that this Waiver and Release of Claims waives any rights and claims that I may have that arise under the various federal, state, or local laws, regulations, orders, or ordinances relating to employment, as well as any other claims and/or causes of actions of whatever kind or character, in tort or contract, statutory or otherwise, for legal or equitable relief and meets the requirement set out in the Age Discrimination in Employment Act and Older Worker Benefit Protection Act of a valid and binding waiver and release.

_____ (Participant's Initials)

- b) I acknowledge that this Waiver and Release of Claims does not attempt to require a waiver of my rights or claims under the various federal, state or local laws, regulations, orders, or ordinances relating to employment, as well as any other claims and/or causes of action of whatever kind or character, in tort or contract, statutory or otherwise, for legal or equitable relief that may arise after the date that this Agreement is signed.

_____ (Participant's Initials)

- c) I acknowledge, as specified in the foregoing Section 2 and 3, that I am entitled to sufficient and valuable consideration for my waiver of rights and claims that may arise under the various federal, state, or local laws, regulations, orders, or ordinances relating to employment, as well as any other claims and/or causes of actions of whatever kind or character, in tort or contract, statutory or otherwise, for legal or equitable relief.

_____ (Participant's Initials)

- d) I acknowledge that the District policy informs me to inform District of any act, which may constitute unlawful discrimination or wrongful termination and that District

informed me that the EEOC and the Texas Commission on Human Rights have the authority to investigate cases of alleged unlawful discrimination. I understand that I am entitled to file a charge of discrimination or participate in an investigation by these agencies, but that I will not be entitled to recover any additional amounts through such a proceeding if I sign this agreement.

- e) I acknowledge that this Waiver and Release of Claims waives any rights and claims that I may have that arise under the various federal, state, or local laws, regulations, orders, or ordinances relating to employment, as well as any other claims and/or causes of actions of whatever kind or character, in tort or contract, statutory or otherwise, for legal or equitable relief and meets the requirement set out in the Age Discrimination in Employment Act and Older Worker Benefit Protection Act of a valid and binding waiver and release.

_____ (Participant's Initials)

- f) I acknowledge that this Agreement advises me to consult an attorney before signing the Agreement.

_____ (Participant's Initials)

- g) I acknowledge that, because this Waiver and Release of Claims is being requested in connection with the Early Notification of Voluntary Resignation Incentive Program offered to a group of employees of which I am a member, I have been given ample time to consider this Waiver and Release of Claims prior to signing this Agreement.

_____ (Participant's Initials)

- h) I acknowledge I have received or had access to information about the eligibility factors for the Early Notification of Voluntary Resignation Incentive Program, and the time limits applicable to the program.

_____ (Participant's Initials)

- i) I acknowledge that I will be given a minimum of forty-five (45) calendar days after signing this Agreement to rescind, revoke, or cancel in writing this Agreement, and that a Rescission Notice for this purpose will be provided to me upon request. I acknowledge that I will repay the full amount received within the following week.

_____ (Participant's Initials)

- j) The Incentive Payout will be on the July 25, 2019 pay check.

One time supplemental payment taxed at 25% per IRS rules

_____ (Participant's Initials)

- k) I acknowledge that the benefits to be paid under the Early Notification of Voluntary Resignation Incentive Program are separate and apart from the benefits paid under the Teachers Retirement System of the State of Texas ("TRS"), and the effect of the Employee's election to participate in the program on the benefits paid the Employee

under TRS shall be determined under the rules and regulations pronounced in connection with TRS.

_____ (Participant's Initials)

- 5) Consultation with Attorney. The Participant has been, and is hereby, advised to consult with an attorney of the Participant's choice regarding the Agreement prior to executing the same.
- 6) Re-employment. Any employee opting for this incentive will not be eligible for employment with BISD for the 2019-2020, 2020-2021, and 2021-2022 school years.

IN WITNESS WHEREOF, the undersigned have executed this Agreement as of the _____ Day of _____, 2019.

BROWNSVILLE
 INDEPENDENT SCHOOL
 DISTRICT
 By: _____

PARTICIPANT/EMPLOYEE:
 Signature _____
 Printed Name: _____

RESCISSION SECTION

If the Participant chooses to rescind this Agreement, the participant may do so by completing the following Rescission Notice, and by returning this Agreement to the Human Resource Department at the Brownsville Independent School District, Cameron County, Brownsville, Texas, before the expiration of the forty-fifth (45) calendar days after the Participant first signed this Agreement, above.

I, _____, do hereby RESCIND, REVOKE AND CANCEL this agreement and have done so before the expiration of forty-five (45) calendar days after I first signed this Agreement. I further promise to repay the District for any monies received under this agreement within one (1) week of its rescission.

Signature: _____

Printed Name: _____

Date: _____