

CERTIFICATED EMPLOYEE RESIGNATION FORM

Vacaville Unified School District
Human Resources
401 Nut Tree Road
Vacaville, CA 95687
707-453-6108

Name _____ Social Security # _____

Position _____ Work Location _____

Last Date of Service _____

Do you wish to be placed on the Substitute List? Yes No

Reason for Leaving District Employment: _____

Comments: _____

Present Address:

_____ Mailing Address

_____ City / State / Zip

Forwarding Address (if applicable):

_____ Mailing Address

_____ City / State / Zip

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RETIREES PLEASE COMPLETE THE FOLLOWING:

Continue my current District medical plan: _____
with dependent coverage Yes No

Retirees who have served not less than eighteen years and are currently enrolled in medical, shall be eligible for only one (1) of the following options, to be chosen by the unit member.

- Begin 50% District reimbursement immediately (for a period of seven (7) years)
- Begin 100% District reimbursement immediately (for a period of three (3) years)
- One-time cash out of \$17,500, no more than forty-five (45) days after the unit member retires
- Delay commencement of District reimbursement (not to exceed 7 years; retiree must maintain continuous District medical plan coverage until then).

I am not enrolled in a medical plan through the District.

I intend to keep my:

- Dental Insurance (at my own expense)
- Vision Insurance (at my own expense)

HR Office Use Only	
_____	Retirement Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for District Contribution
_____	Medical Plan Effective Date (for coverage beginning immediately)
_____	Expiration Date (for 50% reimbursement)
_____	Expiration Date (for 100% reimbursement)

Employee Signature

Date