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)
Effective date: _____

_____
Mailing Address

_____
City / State / Zip

. . . . . .

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)
- ☐ 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
☐Yes ☐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*

DISTRIBUTION: Personnel File HR Tech Payroll Employee persnl.teri.forms:rev. 5/18