

**EMPLOYEE RESIGNATION FORM**

**Vacaville Unified School District  
Human Resources  
401 Nut Tree Road  
Vacaville, CA 95687  
707-453-6119**

**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

Begin my retirement medical plan coverage (50% District contribution) immediately.

Delay commencement of my retirement medical plan coverage (not to exceed 7 years for certificated or 5 years for classified; 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)

Life Insurance - Classified Employees (at my own expense)

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

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

