HUMAN RESOURCES DEVELOPMENT
PERSONNEL ACTION REQUEST
RESIGNATION/RETIREMENT

☐ **Certificated**

☐ **Classified**

Name: _____ Date: _____

Employee Number: _____ Present School/Location: _____

Present Assignment: _____

Please initiate the following personnel action request: ☐ RESIGNATION* ☐ RETIREMENT**

I hereby voluntarily tender my resignation as an employee of Visalia Unified School District. My last workday will be_____, 20_____. My retirement date will be _____, 20_____. REASON (optional) _____

BENEFIT INFORMATION

To best determine your core benefit options after resignation/retirement please indicate if your spouse/domestic partner is a current VUSD employee. ☐ **YES** ☐ **NO**

Acknowledgments (initial lines below):

____ *After termination of any health benefits, you will be notified by mail of COBRA rights to continue insurance.

____ *VUSD group life insurance may be converted to a personal life insurance policy within 31 days from the last date of employment. Contact Personnel Support Services if you want to consider converting your group life.

____ *If my last day worked is prior to the end of my contracted work year or work calendar, **my sick leave accrual and/or non-workdays** will be adjusted, and I will reimburse the district for any unearned sick leave and/or non-workdays used.

____ **Retiring employees must wait 180 days from retirement (**effective retirement date from STRS/PERS**) prior to being able to return to any type of employment or a consultant as a retiree at a STRS/ PERS agency.

____ **Retiring employees will be notified by mail regarding continuation of health benefits as a retiree.

I understand my resignation/retirement may not be revoked once accepted by the Superintendent/Designee.

_____ Employee Signature

_____ Telephone Number

_____ Permanent Address **Check** ☐ **if new address**

_____ City, State, Zip

_____ Received by: Principal/Supervisor Signature **(Does not indicate acceptance)**

_____ Date

Human Resources Development Use Only

Date Accepted: _____

By: _____ Superintendent/Designee

Days of Unused Sick Leave at Retirement _____days

_____ Signature