

VISTA UNIFIED SCHOOL DISTRICT

All Personnel

Exhibit 4117.2

LETTER OF RESIGNATION (Certificated Personnel)

Board of Education
Vista Unified School District
1234 Arcadia Ave
Vista, CA 92804
(760) 726-2170

Date: \_\_\_\_\_

Dear Members:

I hereby resign my position as \_\_\_\_\_
(Classification) (School/Department)

with the Vista Unified School District for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial all that apply:

Overpayment of Salary I understand I have been overpaid in the amount of \_\_\_\_\_. I understand my resignation will not be accepted by the District until I have returned this pay to the Vista Unified School District.

CERTIFICATED EMPLOYEES ONLY: Should I enter into employment with another school district before these funds are returned, I understand the District will file a report with the California Commission of Teacher Credentialing.

Industrial Accident and Illness Benefits I understand my resignation will terminate Industrial Accident and Illness Benefits if I move out of the state of California (Education Code §45192 (f) Article 16.4.1.4 of the VUSD/ VTA Agreement and Article 8.3.4 of the VUSD/ CSEA Agreement).

I understand all district property for which I have been responsible must be returned to the site or department from which I used such property.

This resignation is to become effective as of \_\_\_\_\_ and my last working day is \_\_\_\_\_. I understand my resignation is final and effective at the time of acceptance.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Forwarding Address \_\_\_\_\_

Contact Telephone \_\_\_\_\_

District Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Deliver this form to:
VUSD Human Relations Department
1234 Arcadia Avenue, Vista, CA 92084
Fax: 760.631.4537