



Vista Unified School District
Personnel Commission
Employee Resignation or Retirement Form

Name: _____ Employee ID: _____

Address: _____
Street City State Zip Code

Phone # _____ Email: _____

Position: _____

School/Department: _____

Are you currently receiving VUSD Health Benefits? Yes No

This resignation/retirement (Circle one) is to be effective close of work on:

_____ (This will be the last day you are paid)
Month Day Year

The reason for my resignation is: _____

Please initial below:

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

Employee Signature Date

Signature of Administrator Date

Instructions:

1. This form is to be completed by all classified employees who are resigning or retiring from positions in the Vista Unified School District and returned to Classified Human Relations.
2. If you wish, you may request an appointment for an exit interview at (760) 726-2170, ext. 92200.
3. You may use the back of this form to make comments regarding your employment with VUSD.
4. If you have VUSD Benefits, please contact the Benefits Department at (760) 726-2170, ext. 92208.

For Personnel Office Use Only

Authorizing Signature:

Director, Classified Human Relations: _____ Date

Assistant Superintendent, Human Relations: _____ Date