

FREMONT UNIFIED SCHOOL DISTRICT
Human Resources

RESIGNATION FORM

Board of Education
Fremont Unified School District
4210 Technology Drive
Fremont, CA 94538

☐ **Certificated**
☐ **Classified/Non-Teaching**

Employee ID: _____

Attention: Human Resources

Date: _____

I _____ will be resigning my position as _____ at _____
Printed Name Classification Location/Worksite

My last working day will be _____ and effective _____
Last day in PAID status (can be a work day, holiday, vacation day, etc.) Day AFTER last working day

For record purposes and Board of Education reporting, the reason for my resignation should be shown as:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Accepted Another Position | <input type="checkbox"/> Moving | <input type="checkbox"/> Commuting/Distance | <input type="checkbox"/> No Reason |
| <input type="checkbox"/> Family Reasons | <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Retirement | <input type="checkbox"/> Early Retirement |
| <input type="checkbox"/> Health Reason (will be reported as 'personal reasons') | <input type="checkbox"/> Other (will be reported as 'personal reasons') | | |

Criteria for Early Retirement

_____ I decline Early Retirement Benefits
Initial

SEIU members hired before December 31, 2015 and all FUDTA & FSMA members:
a. Minimum age 55; not to exceed 65th birth month; and
b. Minimum of 10 years of permanent service in the District; and
c. An employee at the time of retirement

CSEA members hired before December 31, 2013:
a. Minimum age 55; not to exceed 65th birth month; and
b. Minimum of 10 years of permanent service in the District; and
c. An employee at the time of retirement

CSEA members hired after January 1, 2014:
a. Minimum age 58; not to exceed 65th birth month; and
b. Minimum of 12 years of permanent service in the District; and
c. An Employee at the time of retirement

SEIU members hired after January 1, 2016:
a. Minimum age 62; not to exceed 65th birth month; and
b. Minimum of 15 years of permanent service in the District; and
c. An employee at the time of retirement

If you are an employee covered under one of the District or PERS Health Plans, you have a right to choose continuation coverage (COBRA) upon termination of your employment.

Contact Benefits at 510-659-2556 ext. 12282 or ext. 12283, prior to the effective date of your resignation in order to complete the Medical, Dental and/or Vision forms, if applicable. Thank you.

Signature: _____

Date: _____

Keep current address: _____

Forwarding Address (Important for mailing W-2 forms, retirement information, etc.) Effective: _____

New Address: _____

Home Phone: _____ Cell: _____ Personal Email: _____

HR use only

Officially Accepted: _____ **Date:** _____ **BOE:** _____

Distribution: ____ Certificated/Classified Technician ____ Benefits ____ Address Change