



ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
1750 Cirby Way, Roseville, CA 95661

RESIGNATION FORM

Before you resign, please take a moment to read about leave options available under the **Family and Medical Leave Act**.

If you have a serious health condition that disables you from performing the essential functions of your job, or if you have a disability due to pregnancy, need to care for your newborn child or a child placed with you for adoption or foster care, or need to care for your seriously ill spouse, child or parent, you may qualify to take FMLA leave. Employees who qualify for FMLA leave are entitled to take up to 12 weeks of unpaid leave for the same or different qualifying event during a 12-month period.

In order to qualify for leave and other benefits under the FMLA, you must have been employed by the District for at least 12 months and have worked at least 1,250 hours during the 12-month period immediately preceding the first day of leave. Certification from your health care provider will be required before allowing leave for pregnancy disability or because of your own serious health condition. Certification that your child, spouse or parent has a serious health condition and requires your care will be required prior to allowing leave for those purposes.

Please contact the Personnel Department if you wish explore leave options that may be available to you.

**TO: BOARD OF TRUSTEES
ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT**

I voluntarily resign from the position of: _____

My work site is: _____

My last day of service will be: _____

I plan to begin withdrawing retirement benefits immediately following my resignation: Yes No

My resignation is for the following reason(s): _____

I understand that final compensation, including compensation for unused vacation, will be paid to me on the payroll following my last day of service. I further understand that my final compensation may be adjusted if I have used, and received compensation for use of, unearned vacation or sick leave days that were credited to me at the beginning of the year, or if I have been paid monies projected to be earned and not earned. If time does not allow for overpayments to be deducted from my final compensation, I understand that I may receive an invoice from the District requesting remittance for any overpayment made to me. I understand my health benefits, if applicable, will end on the last day of the month in which my employment terminates, unless I elect COBRA coverage. If I am a certificated employee who works less than 12 months but who is paid over 12 months, I understand I will need to reimburse the District for pay received but not yet earned. (For example, a certificated employee who resigns after June 30 but before the subsequent school year begins will need to reimburse the District for July compensation.)

Signed _____

Printed Name _____

Date _____

Forwarding Address: _____

