

CLASSIFIED RESIGNATION FORM

Name:	EIN:
Position:	Site:
Home Email:	Home/Cell Phone:
Home Address:	

1. Please fully complete and submit this Resignation Form to Human Resources. Be sure to include your last day of work with EGUSD.

2. If you have questions regarding how your resignation date could affect your pay and benefits, contact the Payroll Department at (916) 686-7778.

3. Any remaining vacation hours will be paid out to you approximately 2 months after separation date.

My Last WORK CALENDAR DAY will be: <div style="text-align: center; margin-top: 10px;"> ____ / ____ / ____ </div>
Reason for resignation (new job, relocating, etc.): _____


Are you interested in becoming a Substitute?	<input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>	<input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>
	YES	NO
For questions regarding becoming a substitute, please contact our Substitute Services team at subservices@egusd.net .		

NOTICE OF POTENTIAL OVERPAYMENT - Employees receiving end of month pay:
Elk Grove Unified School District calculates and distributes your annual salary based on the school year, July through June. If you do not work the entire school year and depending on your work calendar, you may be overpaid at the time of resignation (if you did not have any workdays in July, this is probable). The Payroll & Benefits Department will send you a letter and request repayment, should an overpay of salary occur. For more information, contact Payroll & Benefits at (916) 686-7778.

I understand that my resignation is voluntary and following acceptance by the Superintendent or their designee, cannot be revoked.

Signature

Date

Please take a moment to complete our Exit Survey by scanning the QR code at right or by clicking the link in the Exit Survey email that you will receive. Your experience with EGUSD and the input you provide help direct the District's efforts in shaping opportunities for our Staff, Students, and Community.	
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