VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DEPARTMENT

Classified Resignation Form
(Permanent Employees)

I do hereby tender my resignation as _____

at _____ (Department) , _____ (Location)

to take effect at the close of business on _____

for the reason that: _____

I hereby certify this resignation is executed by me freely and voluntarily and of my own free will and is not given by reason of any threat, force, duress, or undue influence by any person. I understand that the effect of this resignation is to cancel all of my civil service rights with reference to this position. I also understand that if I were a permanent employee at the time of this resignation, I may, within 39 months, apply for reinstatement to this same position or any other position of the same or substantially similar classification upon the recommendation of authority and with the approval of the Personnel Commission.

_____ Employee Name (please print)

_____ Employee Signature

_____ Date

_____ Employee ID Number

REVIEWED BY:

_____ Supervisor

_____ Date

_____ President/Chancellor

_____ Date

IMPORTANT:
If you have health, vision and dental benefits at the time of resignation/retirement, please complete the COBRA information on the second page of this form. If you qualify for the District-paid retirement benefits, do not complete the second page.

Note: Return completed form to the Human Resources Department.

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- NOTICE -

FEDERAL HEALTH INSURANCE LAW

Federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), provides eligible employees and certain family members the right to continue health care coverage under our group health plans with the eligible member paying the premium costs.

Please complete the information below so that we may notify you and your spouse of each of your rights to continued coverage as required by COBRA.

Employee Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Children:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Signature: _____ Date: _____