



# Lancaster School District

## Human Resources Services

44711 N. Cedar Ave., Lancaster, CA 93534  
Telephone (661) 948-4661  
FAX (661) 726-5450

### FORMAL RESIGNATION

Today's date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Please PRINT)

To: Superintendent of Schools

Please accept my resignation as \_\_\_\_\_ in the Lancaster  
(Position)  
School District to become effective at the end of the regular work day on \_\_\_\_\_(Date).

Retirement effective date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
Current job location

\_\_\_\_\_  
Signature as it appears on paycheck

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
Home address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City Zip

#### ALTERNATE CONTACT: (Must be completed)

\_\_\_\_\_  
Name of Alternate Contact

\_\_\_\_\_  
Home address of Alternate Contact

\_\_\_\_\_  
City Zip

I will/have returned my keys? \_\_\_\_\_ (initial) I will/have returned my LSD ID badge? \_\_\_\_\_ (initial)

I have received the Benefits Info Sheet (permanent employees only) \_\_\_\_\_ (please initial).

Do you have a work related injury that you have not reported to the district? Yes \_\_\_ No \_\_\_

I have submitted retirement paperwork to STRS/PERS as required? Yes \_\_\_ No \_\_\_

I have met with Payroll and Risk Management (Certificated Employees Only) Yes \_\_\_ No \_\_\_

ACCEPTED ON BEHALF OF THE LANCASTER SCHOOL DISTRICT BOARD OF TRUSTEES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Administrator, Human Resources

LANCASTER SCHOOL DISTRICT  
EMPLOYEE EXIT BENEFITS INFORMATION

**CLASSIFIED / MANAGEMENT / CONFIDENTIAL**

- If you resign or retire *during a school year, on or before the 15<sup>th</sup> of a month*, medical, dental, and vision benefits will continue through the end of that month.
- If you resign or retire *during a school year, on the 16<sup>th</sup> of the month or later*, medical, dental, and vision benefits will continue through the last day of the following month.
- If you have *completed your work calendar, and your last premium payment has been made*, medical, dental, and vision benefits will continue to September 30<sup>th</sup>.

**CERTIFICATED**

- If you resign or retire *during a school year*, medical, dental, and vision benefits will continue through the end of the month in which you resign.
- If you have *completed a school year, and have been employed full time with the District prior to July 1, 1994*, medical, dental, and vision benefits will continue through September 30<sup>th</sup>.
- If you have *completed a school year, and have been employed full time with the District commencing after July 1, 1994*, medical, dental, and vision benefits will continue to July 31<sup>st</sup>.

**PLEASE NOTE, IF YOU USE YOUR INSURANCE AFTER YOUR TERMINATION DATE, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THOSE SERVICES RENDERED.**

If you have any additional policies that you are interested in continuing, please contact Risk Management to obtain forms and phone numbers for the vendors.

If you have UNUM Long Term Care, you will be responsible for the premium payments, as the Lancaster School District will no longer be making your payments to UNUM. Portability forms can be obtained in Risk Management. Contact Chris Keene at (661) 942-6755 if you have any questions.

❖ **QUALIFIED RETIREE:** (Please see your Association agreement for definition of “qualified retiree.”) **Under age 65:** If you currently have health benefits with the district and **qualify** for continued benefits, **per your union contract**, contact Risk Management at 948-4661 Zenny Zavala, ext. 149 or Danielle Gates ext. 129, if you wish to continue this coverage. Dental and vision benefits **are not** paid by the district.

**Checks for the entire plan year, to cover your portion of the premiums, are to be provided to Risk Management once you have chosen your medical, dental, and vision coverage for the entire plan year, per your union contract. The following bank fees are enforced:**

**\$6.00 Check returned after initial deposit (The bank will automatically deposit a second time)**

**\$40.00 Check returned after second deposit**

**Age 65 and over (Certificated employees only):** Contact your TAL President or Valecha Fletcher at the District Office at ext. 255 for Medigap verification. Information can also be found at [www.lanccsd.org](http://www.lanccsd.org).

**CERTIFICATED AND CLASSIFIED EMPLOYEES:** If you qualify for District paid life insurance, **per your union contract**, it will continue for a period of 10 years. Please contact Pamela Ellis at 948-4661 at ext. 126 for more information.

Upon retirement from the Lancaster School District, and if you qualify for the annuity, **per your union contract**, the District will make a contribution over 5 years. The annuity shall mature seven (7) years after the date of retirement. Please contact Risk Management for more information.

**I have read and understand the above information and have been given a copy.**

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Print Name

Signature

Date



## Lancaster School District Exit Service Survey

We want to thank you for your faithful service to the Lancaster School District and wish you all the best in the future. Please take a few minutes to complete this survey to provide feedback on your experience with our district. This information is vital as we continue to evaluate the effectiveness of the services and support we provide. Please print out a copy, complete the survey, and return to Human Resources Services through school mail, by email or fax 726-5450.

Thanks,

Human Resources Services

Question	Excellent	Good	Average	Fair	Poor	N.A.
How would you rate your overall experience in the district?						
How would you rate the service and support in the following areas:						
Your School/Dept Name -						
Superintendent's Office						
Human Resources Services						
Educational Services						
Curriculum, Instruction & Assessment						
Special Programs						
Student Services						
Business Services						
Payroll						
Risk Management and Benefits						
Information & Technology						
Facilities & Maintenance						
Budget & Accounting						

In the space below, and on the back of this page, please share any additional thoughts, suggestions, and affirmations you have regarding your experiences with our district.

(Optional)

Name \_\_\_\_\_ Site/Department \_\_\_\_\_ Position \_\_\_\_\_