



# VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

## HUMAN RESOURCES DEPARTMENT

### Full-Time Academic Resignation

I, \_\_\_\_\_, Employee ID Number \_\_\_\_\_, do hereby resign from my full-time academic position as:

Instructor, Discipline: \_\_\_\_\_ or Title: \_\_\_\_\_; with the Ventura County Community College District at:

Moorpark College    Oxnard College    Ventura College

This resignation will be effective at the close of business day on \_\_\_\_\_, my last day of work in a paid status. This notice is executed by me freely and voluntarily and of my own free will for the reason that:

**Retirement:**    CalSTRS   or    CalPERS

Do you intend to continue teaching part-time?    Yes    No

**Resignation:** \_\_\_\_\_

**NOTE:** Please be aware that it is your responsibility to submit the necessary retirement application forms to the California State Teachers' Retirement System (CalSTRS) or California Public Employees' Retirement System (CalPERS). When you resign to retire, your resignation date cannot be the same or past the retirement date with CalSTRS or CalPERS.

**Retirement and returning to teach Part-Time:** Faculty who retire are eligible to return to teach part-time after completion of the 180-calendar day waiting period. Upon returning, the faculty is required to be evaluated on their first semester as a retiree. Longevity held in a discipline will change from Contract to Non-Contract status. Should the faculty not receive assignments for eight (8) consecutive semesters, longevity will be lost and employment terminated.

**Employee Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Submit the completed form to the office of your Dean and/or appropriate College Administrator who will forward it to the Human Resources Department for processing.

#### For Review / Signature:

College Dean: \_\_\_\_\_      Date: \_\_\_\_\_

Chancellor,  
College President  
and/or Designee: \_\_\_\_\_      Date: \_\_\_\_\_

**IMPORTANT: If you have health, vision and dental benefits at the time of resignation/ retirement, complete the COBRA information on the second page of this form. If you qualify for District-paid retirement benefits, it is NOT necessary to complete the second page.**





**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT**  
**HUMAN RESOURCES DEPARTMENT**

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**-NOTICE-**

**FEDERAL HEALTH INSURANCE 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.

**Name**

**Birthdate**

Employee: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

