

Request for Acceptance of Resignation



Today's Date: _____

To the Director of Human Resources:

I, _____, hereby request acceptance of my resignation.

My final date of employment will be _____.

NOTE: For certified staff the final date of employment will typically be the last service day of the current employment contract. If the school year is extended due to weather or any other circumstances, the final date of employment will be changed accordingly.

Reason for resignation: _____

If you have not already done so, we recommend you contact IPERS (Iowa Public Employees' Retirement System) (800-622-3849 or www.IPERS.org) so that you may be advised regarding your pension.

If you are currently enrolled in the Cedar Falls Schools' insurance program, you may be able to continue medical insurance under Board of Education policy or COBRA provisions. You may also be able to convert your life insurance to an individually held policy with the District's insurance carrier without evidence of insurability.

Please indicate below whether you would like to continue insurance, if it is available to you.

Medical Insurance	☐ Yes ☐ No
Dental Insurance	☐ Yes ☐ No
Vision Insurance	☐ Yes ☐ No

Please indicate below whether you would like to convert life insurance, if it is available to you.

Life Insurance	☐ Yes ☐ No
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Note to retirees only: If you continue your insurance, the insurance company may terminate your policy if you become eligible for other group medical coverage.

Building: _____

Signed: _____

Position: _____

Address: _____

For Office Use Only

Request Accepted _____

By: _____

Secretary, Board of Education

Copies to: ☐ Payroll ☐ Benefits