

INTENT TO REHIRE CLASSIFIED STAFF NOTICE

Date notice issued: _____

Notice delivered by: _____

Acknowledgement of receipt by employee (initials): _____

NOTE: The preferred method of delivering this document is in person. Make a copy of this document prior to issuance and place in the employee's file.

This is a notice that the District intends to rehire you next fall for the position of: _____.

Your start date will be _____ **[list date]** and your work schedule will be Monday through Friday from _____ **[list hours]**. Upon rehire, your hourly wage will be _____ and all your benefits will resume in accordance with district policy and the classified employee handbook.

Please be aware that this notice is for informational and planning purposes only and not a contract prescribing a duration of employment. You will remain an at-will employee. The District may choose to terminate at-will employees at any time with or without cause, and the employee may resign from employment at any time, with or without cause.

If you intend to return to district employment next fall, you must sign and file this notice with _____ **[list name and position]** at _____ **[list location]** by _____ **[list date and time]**. Failure to return this notice by the deadline will be deemed a resignation and will result in the district advertising your position, at which time, you would be welcome reapply **[/b>however, by failing to return this notice, you will forfeit your seniority status with the District and any benefits specifically tied to this status.]***

To be completed by the employee

I intend to return to the position listed in this notice on the date listed above.

I do not intend to return to the position listed above. This is notice of my intent to resign from my position effective _____ **[list date]**. **[I understand that by resigning, I will forfeit my seniority status with the District and any benefits specifically tied to this status.]***

Signature of employee

Date

Continued on next page

* Review employee handbooks and district policy to ensure no conflicts before including this language.

To be completed by the District

Notice received by: _____ [name, position]
at _____ [list date and time]

NOTE: Make a copy of this document upon return by the employee. Provide the employee with a copy of the signed document and place the original in the employee's file.

End of McClusky School District #19 Exhibit DBD-E

* Review employee handbooks and district policy to ensure no conflicts before including this language.