

(1) **SAMPLE LETTER OF REASONABLE ASSURANCE FOR CLASSIFIED EMPLOYEES WHO WORK LESS THAN TWELVE MONTHS.**

(Letterhead)

Date:

To: *(name of employee)*

Job Title: *(job title of employee)*

From: *(name and title of personnel official)*

Subject: NOTIFICATION OF REASONABLE ASSURANCE FOR 2020-2021

The *(name of the District)* hereby notifies you that you have Reasonable Assurance of returning to our employ in the 2020-2021 school year. It is anticipated that the 2020-2021 school year will begin on or about *(date)*. You will be expected to return to work on *(date)*.

The law requires you be given notice that you may, nevertheless, file a claim for unemployment insurance benefits. Your entitlement to benefits will be determined by the Employment Development Department and not by this District. If you are not offered an opportunity to perform services in the next academic year or term, you may be entitled to retroactive unemployment benefits if you are otherwise eligible and you file a claim for each week benefits are claimed, and if you file a claim for the benefits within 30 days after the start of the next academic year/term.

For the purpose of unemployment claim filing, the mailing address of record you should use is:

(Name of District)

(District Office Address)

This letter is the only official and authorized notification on which you should rely when determining your employment status for the next year. Please complete the attachment below and return that portion of this letter to the District personnel office no later than June _____.

_____ Yes, I will be returning in the 2020-2021 school year.

_____ No, I do not plan to return for the 2020-2021 school year and consider this my Notice of Resignation from employment with the District. If resigning, please indicate the reason:

Signature

Date

(2) **SAMPLE LETTER OF REASONABLE ASSURANCE FOR CATEGORICAL, SPECIAL OR FEDERALLY-FUNDED CLASSIFIED EMPLOYEES WHO WORK LESS THAN TWELVE MONTHS.**

(Letterhead)

Date:

To: *(name of employee)*

Job Title: *(job title of employee)*

From: *(name and title of personnel official)*

Subject: NOTICE OF END OF SCHOOL YEAR FUNDING/
REASONABLE ASSURANCE

This is to notify you that as of *(indicate end of school year)* there will be *(no)* work *(until funds)* for the next school year *(have been approved)*. At this time we expect to rehire you when school opens next fall. Notice of recall to work shall be by seniority and as available funds become verified.

(Optional - only include if correct) Please note that your medical insurance premiums will continue to be paid by the district through the summer months.

The law requires you be given notice that you may, nevertheless, file a claim for unemployment insurance benefits. Your entitlement to benefits will be determined by the Employment Development Department and not by this District. If you are not offered an opportunity to perform services in the next academic year or term, you may be entitled to retroactive unemployment benefits if you are otherwise eligible and you file a claim for each week benefits are claimed, and if you file a claim for the benefits within 30 days after the start of the next academic year/term.

For the purpose of unemployment claim filing, the mailing address of record you should use is:

(Name of District)

(District Office Address)

This letter is the only official and authorized notification on which you should rely when determining your employment status for the next academic year or term.

(3) SAMPLE LETTER OF REASONABLE ASSURANCE FOR CLASSIFIED SUBSTITUTES.

(Letterhead)

Date:

To: *(name of employee)*

From: *(name and title of personnel official)*

Subject: NOTIFICATION OF REASONABLE ASSURANCE FOR 2019-2020

The *(name of school district)* hereby notifies you that you have Reasonable Assurance of returning to work in this District as one of our Classified Substitutes for the 2020-2021 school year, which is anticipated to begin on or about *(date)*. You can be assured that you will be called and offered substitute assignments after the start of the new school year when needed, if you choose to remain on our substitute list. As in the past, this District will experience a Thanksgiving recess, winter recess, and a spring recess during the 2020-2021 school year. Again, following each of these recesses you will be called and offered assignments as needed.

The law requires you be given notice that you may, nevertheless, file a claim for unemployment insurance benefits. Your entitlement to benefits will be determined by the Employment Development Department and not by this District. If you are not offered an opportunity to perform services in the next academic year or term, you may be entitled to retroactive unemployment benefits if you are otherwise eligible and you file a claim for each week benefits are claimed, and if you file a claim for the benefits within 30 days after the start of the next academic year/term.

For the purpose of unemployment claim filing, the mailing address of record you should use is:

(Name of District)

(District Office Address)

This letter is the only official notification and authorized notification on which you should rely when determining your employment status for the next year. Please complete the attachment below and return that portion of this letter to the District personnel office no later than June ____.

_____ Yes, I wish to accept this offer of continuing work as a substitute.

_____ No, I do not wish to accept this offer of continuing work as a substitute.

Reason: _____

Signature

Date

(4) **SAMPLE LETTER OF REASONABLE ASSURANCE FOR SUBSTITUTE TEACHERS.**

(Letterhead)

Date:

To: *(name of employee)*

From: *(name and title of personnel official)*

Subject: NOTIFICATION OF REASONABLE ASSURANCE FOR 2020-2021

The *(name of school district)* hereby notifies you that you have Reasonable Assurance of returning to work in this District as one of our Substitute Teachers for the 2020-2021 school year for a comparable or larger number of days as past years. The 2020-2021 school year is anticipated to begin on or about *(date)*. You can be assured that you will be called and offered substitute teaching assignments after the start of the new school year when needed, if you choose to remain on our substitute list. As in the past, this District will experience a Thanksgiving recess, winter recess, and a spring recess during the 2020-2021 school year. Again, following each of these recesses you will be called and offered assignments as needed.

The law requires you be given notice that you may, nevertheless, file a claim for unemployment insurance benefits. Your entitlement to benefits will be determined by the Employment Development Department and not by this District. If you are not offered an opportunity to perform services in the next academic year or term, you may be entitled to retroactive unemployment benefits if you are otherwise eligible and you file a claim for each week benefits are claimed, and if you file a claim for the benefits within 30 days after the start of the next academic year/term.

For the purpose of unemployment claim filing, the mailing address of record you should use is:

(Name of District)
(District Office Address)

This letter is the only official notification and authorized notification on which you should rely when determining your employment status for the next year. Please complete the attachment below and return that portion of this letter to the District personnel office no later than June ____.

_____ Yes, I wish to accept this offer of continuing work as a substitute teacher.

_____ No, I do not wish to accept this offer of continuing work as a substitute teacher.

Reason: _____

Signature

Date