



RESIGNATION FORM

Employee: _____ Department: _____

Employee Address: _____
(Street Address)

(City) (State) (Zip Code) (Telephone #)

Reason for Resignation: _____

Date of Notice: _____ Effective Date of Resignation: _____

Employee Signature Date

Supervisor's Signature Date

City Administrator Date

Resignation accepted by the City Council: _____
Date

***All Employees are required to contact Human Resources to complete exit paperwork prior to their last scheduled shift.**

TO BE COMPLETED BY THE SUPERVISOR:

Interviewed by _____ Date: _____

- | | | |
|-----|-------------------------------------|---|
| ___ | Keys/Entry Security Code | Does the employee have any expenses that have not been turned in for reimbursement? |
| ___ | Tools/Equipment | |
| ___ | Cell Phone | |
| ___ | Computer and equipment | |
| ___ | Computer software | |
| ___ | Borrowed Company items (list below) | |
| ___ | _____ | |
| ___ | Other (list below) | |