



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 acknowledged 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)	