



Notice of Voluntary Resignation

I, _____, do hereby voluntarily resign from my employment with the City of Hibbing, effective _____, which will be my
Effective date of resignation
final day of employment with the City of Hibbing.

I acknowledge that this resignation and the effective date of the resignation can not be withdrawn nor changed unilaterally by me.

Signature

Date

Today's Date: _____ Phone Number: _____

Address: _____
(Street Address, City, State, Zip Code)

Reason for Resignation: _____

Supervisor's Signature

Date

City Administrator

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
___	Tools/Equipment	that have not been turned in for reimbursement?
___	Cell Phone	
___	Computer and equipment	
___	Computer software	
___	Borrowed Company items (list below)	
___	_____	
___	Other (list below)	
___	_____	