



## RESIGNATION FORM

Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Address: \_\_\_\_\_  
(Street Address)

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

Reason for Resignation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Notice: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date Supervisor's Signature Date

\_\_\_\_\_  
City Administrator Date

Resignation accepted by the City Council: \_\_\_\_\_ Resignation processed by payroll: \_\_\_\_\_  
Date 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)	
___	_____	