

VOLUNTARY RESIGNATION FORM

Today's Date: _____

Name: _____

This is to notify the Houston County Personnel Department that my last day of employment will be _____

The reason for this resignation is (*check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Relocating from the area | <input type="checkbox"/> Other employment |
| <input type="checkbox"/> Continuing education | <input type="checkbox"/> Dissatisfied with job hours |
| <input type="checkbox"/> Family obligations | <input type="checkbox"/> Dissatisfied with job duties |
| <input type="checkbox"/> Medical reasons | <input type="checkbox"/> Transportation problem |

Other: _____

I understand I must return any property belonging to the County; which may include my uniform, tools and keys. I understand that my final pay will not be direct deposited if I have not returned this property. The address listed below will be the address to which my W-2 should be sent:

Forwarding Address: _____

Signature

FOR PERSONNEL USE ONLY:

Date of Last Paycheck	Remaining Vacation Days	Remaining Comp Time