

# 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