

VOLUNTARY RESIGNATION/RETIREMENT NOTICE



NAME: _____ **DATE:** _____

TITLE: _____ **DEPT:** _____

I hereby give notice of my: ___ Voluntary Resignation **or** ___ Retirement

My last day of employment with the City of Stephenville will be on _____ day of _____, 20__.

Reason for leaving:

If changing residence, please write forwarding address below for payroll purposes:

Employee Signature

Date

Department Director: Please forward original form to Human Resources