



VOLUNTARY RESIGNATION/ RETIREMENT NOTICE

Employee Name: _____

Date: _____

Department: _____

Job Title: _____

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 the forwarding address below for payroll purposes:

Employee Signature

Date

Department Director: Please forward the original form to the Human Resource Department