



Resignation/Retirement Notification Form

DEPARTMENT OF HUMAN RESOURCES

This serves as notification that I, _____, hereby
(Full Name)

voluntarily submit my resignation from Washoe County effective _____
(Date)

for the following reason (please select only one reason):

- | | |
|---|---|
| <input type="checkbox"/> Accepted Another Job | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Family Obligations | <input type="checkbox"/> Retirement – Disability (Not Job-Related)* |
| <input type="checkbox"/> Job Dissatisfaction | <input type="checkbox"/> Retirement – Disability (Job-Related)* |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Relocating | *PERS Board Approval Required |

By signing below, I understand that:

- My resignation/retirement effective date should be my last day in paid status and a regularly scheduled working day.
- Per Washoe County Personnel Handbook 5.295: Failure to give at least two (2) weeks' notice may constitute cause for denial of future employment with the county.
- Per Washoe County Personnel Handbook 5.295: No updated resignation may be accepted without the approval of the appointing authority and/or the director of human resources.
- Per Washoe County Personnel Handbook 5.297: My voluntary resignation relinquishes all my appeal rights. Note: Applicable to classified employees only.
- Per Washoe County Personnel Handbook 5.297: I may only appeal this resignation by alleging that my resignation was obtained against my will, and that I must notify my wish to appeal to the Department of Human Resources within five (5) days of this resignation. Note: Applicable to classified employees only.

Employee Signature: _____

Date: _____

Department: _____

SAP EE#: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Personal Email Address: _____