



PINAL COUNTY STATEMENT OF RESIGNATION

TO: _____

FROM: _____

DATE: _____

SUBJECT: _____

THIS IS TO ADVISE YOU THAT I HEREBY SUBMIT MY VOLUNTARY RESIGNATION FROM THE
_____ DEPARTMENT OF PINAL COUNTY.

MY LAST DAY WILL BE _____.

THE REASON FOR MY RESIGNATION IS:

SUPERVISORS ACKNOWLEDGMENT & COMMENTS:

SUPERVISOR SIGNATURE:

(PRINT) _____

(SIGNATURE) _____ DATE _____

RECEIVED BY HUMAN RESOURCES: