PINAL COUNTY
STATEMENT OF RESIGNATION

TO: _____

FROM: _____

DATE: _____

SUBJECT: _____

THIS IS TO ADVISE YOU THAT I AM SUBMITTING MY VOLUNTARY RESIGNATION FROM MY POST OF DUTY AS _____ WITH THE _____ DEPARTMENT OF PINAL COUNTY.

MY LAST DAY WILL BE _____.

THE REASON FOR MY RESIGNATION IS:

_____

_____

_____

_____

_____

_____

_____

I HEREBY ACKNOWLEDGE THAT I HAVE VOLUNTARILY TENDERED MY RESIGNATION EFFECTIVE THE DATE NOTED ABOVE.

_____ _____

EMPLOYEE SIGNATURE DATE

****

SUPERVISOR'S ACKNOWLEDGMENT

(PRINT)_____

(SIGNATURE)_____ DATE _____

RECEIVED BY HUMAN RESOURCES: _____

31 N. PINAL STREET, ADMINISTRATIVE BUILDING A ● POST OFFICE BOX 1590 ● FLORENCE, AZ 85132
● MAIN: (520) 866-6231 ● T.D.D. (520) 866-6379 ● FAX: (520) 866-6930 ●Resources1@pinalcountyaz.gov