



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: _____