



County of Trinity

Human Resources Department

Notification of Resignation

Name

Position/Title

Department

Phone Number

I hereby tender my resignation. My last day at work is _____

Please indicate reason below:

- | | |
|---|---|
| <input type="checkbox"/> Accepting/Seeking a new job | <input type="checkbox"/> Retiring |
| <input type="checkbox"/> Assigned duties | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Supervisor conflict |
| <input type="checkbox"/> Employee relationships | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Unresolved conflict |
| <input type="checkbox"/> Involuntary (<i>please specify reason below</i>) | <input type="checkbox"/> Working conditions |
| <input type="checkbox"/> Level of responsibility | <input type="checkbox"/> Working hours |
| <input type="checkbox"/> Minimal opportunity/advancement | <input type="checkbox"/> Decline to state reason |
| <input type="checkbox"/> Relocating | <input type="checkbox"/> Other (<i>specify below</i>) |

Comments _____

I understand that the county pays out all accrued unused vacation leave upon termination, but I will be using _____ hours of leave after my last day worked for a termination date of _____. I have no intention of returning to work after my last day worked.

- Please check if you would like to speak with the Human Resources Director for an exit interview.

Employee's Signature

Date