Retirement/Resignation Notice Form

Employees are required to submit this form to their supervisor and Human Resources when providing notice of resignation or retirement.

Employee Name: _____

Job Title: _____

Department: _____

Type of Separation (check one):

☐ **Retirement** Employees are encouraged to provide a minimum of thirty (30) days' notice.

☐ **Resignation** A minimum of two (2) weeks' notice is requested

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Last Working Day: _____

Please note that you must be in the office on your last working day.

Required Signatures

Employee Signature: _____ Date: _____

Supervisor Acknowledgement I acknowledge receipt of this retirement/resignation notice and the employee's stated last working day. I will work with the employee and department management to facilitate an appropriate transition of duties.

Supervisor Name: _____

Signature: _____ Date: _____

For Human Resource Use Only:

Director of Human Resources Review I have reviewed this retirement/resignation notice and authorize Human Resources to initiate the applicable separation procedures, including employee access, final pay, accrued leave payout, benefits, and other applicable separation-related processes.

HR Director : _____

Signature: _____ **Date:** _____