



PINAL COUNTY STATEMENT OF RESIGNATION

TO: _____

FROM: _____

DATE: _____

SUBJECT: _____

THIS IS TO ADVISE YOU THAT I AM SUBMITTING MY VOLUNTARY RESIGNATION FROM MY POSITION AS _____

WITH THE _____ DEPARTMENT OF PINAL COUNTY.

MY LAST DAY WILL BE: _____

THE REASON FOR MY RESIGNATION IS: TRANSFER WITHIN PINAL COUNTY OTHER

OTHER PLEASE EXPLAIN: _____

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

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR'S ACKNOWLEDGEMENT

(PRINT) _____

SIGNATURE _____ DATE _____

RECEIVED BY HUMAN RESOURCES: _____