WALWORTH COUNTY

NOTICE OF RESIGNATION

Employee Name:_____ Department:_____

Last Date Actually Worked:_____ Classification:_____

I hereby resign for the following reason:

_____

_____

New Address: _____

_____

New Phone Number: Area_____ Number _____

Date:_____ Employee Signature: _____

Resignation accepted this _____ of _____, _____ by _____
day month year Department Head/Designee

Clearance Checklist:

	Returned	N/A
Tools	___	___
Employee I.D. Card	___	___
Parking Permit	___	___
Uniform	___	___
Keys	___	___
Money Due	___	___

Date Received and Accepted by Management: _____ By:_____

SUPERVISOR'S EVALUATION (if applicable)

Check "Yes" or "No", whichever is applicable.	YES	NO
1. Do you consider this employee's performance on their present job satisfactory?	___	___
2. Has this employee's attendance been satisfactory?	___	___
3. Have this employee's safety habits been satisfactory?	___	___
4. Do you believe that this employee has the capacity to move upward in your department?	___	___
5. Would you rehire this employee?	___	___*
*If no, would you rehire with conditions?	___**	___
**If yes, please list those conditions on the lines below:		

Comments:

_____

_____

_____

Date:_____ Supervisor or Dept. Head Signature: _____