



**HUMAN  
RESOURCES**

**Resignation/Retirement Notification Form**

This serves as notification that I, \_\_\_\_\_, hereby  
(Full Name)

voluntarily submit my resignation from Washoe County effective \_\_\_\_\_  
(Date)

for the following reason (please select only one reason):

- Accepted Another Job
- Family Obligations
- Job Dissatisfaction
- Personal
- Relocating
- Retirement
- Retirement – Disability (Not Job-Related)\*
- Retirement – Disability (Job-Related)\*
- Other \_\_\_\_\_

\*PERS Board Approval Required

By signing below, I understand that:

- My resignation/retirement effective date should be my last day in paid status and a regularly scheduled working day.
- Per County Code 5.295: Failure to give at least 2 weeks’ notice constitutes cause for denial of future employment with the county.
- Per County Code 5.295: No updated resignation may be accepted.
- Per County Code 5.297: My voluntary resignation relinquishes all my appeal rights. Note: Applicable to classified employees only.
- Per County Code 5.297: I may only appeal this resignation by alleging that my resignation was obtained against my will, and that I must notify my wish to appeal to the Department of Human Resources within 5 days of this resignation. Note: Applicable to classified employees only.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
SAP EE#

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip