

# MORGAN COUNTY COMMISSION

## Voluntary Resignation Form

Date:	
Name:	
This is notification to the Morgan County Commission that my last day of employment will be:	
The reason for this resignation is:	
<input type="checkbox"/> Relocating from this area	<input type="checkbox"/> Family Obligations
<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Medical Reasons
<input type="checkbox"/> Other Employment	<input type="checkbox"/> Transportation
Other:	
I understand I must return any property belonging to Morgan County; which may include my uniforms, tools, keys, etc. I understand my final pay will not be released if I have not returned this property. The address listed below will be the address to which my W2 should be sent	
Forwarding Address:	
Name:	Date

### For Personnel Use Only

Date of last Paycheck	Annual Leave Balance	Comp. Time Balance