



RESIGNATION NOTICE

Must Print in Black or Blue Ink ONLY

Employee ID	Rcd No.	Last Name, First Name	
Department		Job Code Title	Last Date in Paid Status

Reason for Resignation

Accepted position with another County Department: _____
Note: Do not submit a Separation Report if promoting or transferring to another County department.

Accepted position with position with a Special Districts department or Superior Court: _____
Note: Do not submit a Separation Report if promoting or transferring to a Special Districts department or Superior Court

Resigning from the County of San Bernardino

Retirement

Other (specify): _____

Were You Satisfied With:

Working Conditions Were:

On-The-Job-Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Safe <input type="checkbox"/> Unsafe
Advancement Opportunities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hours of Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ _____ _____	
Supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Were you informed of department rules and policies? Yes No

Additional Comments

Employee Signature	Date
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Supervisor Signature	Date
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DISTRIBUTION: Original - EMACS HR (0030) (If separating from County employment, attach to Separation Report). Personnel (OPF) File (If promoting or transferring to another County/Special Districts department or Superior Court)