



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.

Resigning from the County of San Bernardino

Retirement

Other (specify): _____

Were You Satisfied With:

Working Conditions Were:

| | | | | |
|---------------------------|-----|----|----------------------|-------------|
| On-The-Job-Training | Yes | No | Satisfactory: Yes No | Safe Unsafe |
| Advancement Opportunities | Yes | No | | |
| Hours of Work | Yes | No | Other: _____ | |
| Supervision | Yes | No | _____ | |

Were you informed of department rules and policies? Yes No

Additional Comments

| | |
|---------------------------|-------------|
| Employee Signature | Date |
|---------------------------|-------------|

| | |
|-----------------------------|-------------|
| Supervisor Signature | Date |
|-----------------------------|-------------|

DISTRIBUTION: Original - EMACS HR (0030) (If separating from County employment, attach to Separation Report).
Department Personnel File (If promoting or transferring to another County Department)