

EMPLOYEE CERTIFICATION OF RESIGNATION

(To be completed at time of resignation)

I hereby voluntarily consent to the Personnel Action effecting my resignation from the service of Washoe County. I also declare the claims submitted for accumulated unused annual leave, unused overtime credit, and all other pay due me are correct to the best of my knowledge.

The following is provided in accordance with Section 5.297 of the Merit Personnel Ordinance:

I, _____, understand the following:

- I. My voluntary resignation relinquishes all my appeal rights.
- II. 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.

Signature

Date

Please check reason for resignation:

- _____ Personal
- _____ Other Employment
- _____ Retirement
- _____ Relocating
- _____ Other