EMPLOYEE SEPARATION NOTICE

WASHINGTON MILITARY DEPARTMENT

PART A: EMPLOYEE SEPARATION INFORMATION	
TO: (Supervisor)	DIVISION/UNIT
FROM: (Employee)	POSITION TITLE & NUMBER
Please accept my resignation, effective the end of my work shift on the date of (An appointing authority or employing official may permit withdrawal of a resignation at any time prior to the effective date, per WAC 357-46-155) This is a voluntary resignation for the reason as follows:	
Promotion to another State Agency. Agency name: Transfer to another State Agency. Agency name: Voluntary Demote to another State Agency. Agency	
name: Retiring from State Service, PERS Plan 1 or PERS Plan 2, Date Leaving State Service, reason (optional) Other	
Please direct any correspondence to the following address:	
Street Address/P.O. Box	State Zip Code
Personal e-mail address	
Please provide me with my final paycheck as follows: Mail to the above address I will pick up my check at the Payroll Office	
EMPLOYEE SIGNATURE	DATE
PART B: SUPERVISOR ACKNOWLEDGMENT	
SUPERVISOR'S SIGNATURE	DATE/TIME RECEIVED
PART C: HUMAN RESOURCE OFFICE ACKNOWLEDGMENT	
HR MANAGER	DATE