



EMPLOYEE LETTER OF RESIGNATION

Date: _____

Employee: _____ Employee #: _____

Division: _____ Supervisor: _____

I, _____, have decided to resign my position at the City of Memphis.
(Employee Name)

I am resigning because: _____

I acknowledge at this time that I do not have any complaints against my supervisor, co-workers or any company agent or representative that have not been otherwise reported in writing during my employment. I also acknowledge that I have reported in writing any and all injuries that may have occurred during my employment.

My last day will be _____.

I understand that my last paycheck will be provided within the time required by applicable law. I also understand that benefits will cease according to company policy and applicable law, and I will be notified of any continuing rights I have by mail.

I acknowledge that I sign this resignation willfully and voluntarily.

Employee Printed Name

Supervisor Printed Name

Employee Signature

Date

Supervisor Signature

Date