



SARPY COUNTY LETTER OF RESIGNATION FORM

If you would like to talk to someone in the Human Resources Department before completing this form, please call 402-593-4486

EMPLOYEE INFORMATION

Name: _____ Date: _____
Department: _____ Division: _____
Job Title: _____

RESIGNATION INFORMATION

Date of Resignation: _____
Reason for Resignation: _____

RESIGNATION INFORMATION

I certify that this resignation is executed voluntarily.

Employee Signature _____ Date _____

NOTE: the County will send your final W-2 tax statement to the address on file. If your address changes, you will want to update your record with us to ensure timely receipt of this document.

DEPARTMENT HEAD SECTION

Resignation Reason:
 Other employment Not returning from leave of absence
 Personal reasons Pursuing additional education
 Other (explained above)

Last Day Worked: _____

Department Head Signature _____ Date _____

HUMAN RESOURCES USE ONLY

Date Received: _____

Human Resources Director Signature _____ Date _____