



**Medina County Human Resources Department
Resignation Notice**

Name: _____ Date: _____

Department: _____ Social Security No. _____

Please accept my voluntary resignation effective _____.
Date

Reason for Resignation:

Employee is responsible for returning key(s) and any property belonging to the County.

Employee's signature: _____

Director's signature: _____

• List County property returned

• Disposition of final warrant

- Employee pick up
 Mail to: (note address below)

Phone: _____

Attn: Department Director

Immediately following receipt and completion of this form, please forward to:

**Human Resources Department
County Administration Building, Room 206**