Ensure the most current form has been submitted. Refer to EMACS Forms/Procedures website.

RESIGNATION NOTICE

Must Print in Black or Blue Ink ONLY

Employee ID	Rcd No.	Last Name, First Name	
Department		**Job Code Title**	**Last Date in Paid Status**

Reason for Resignation

☐ Accepted position with another County Department: _____

Note: Do not submit a Separation Report if promoting or transferring to another County department.

☐ Accepted position with position with a Special Districts department or Superior Court: _____

Note: Do not submit a Separation Report if promoting or transferring to a Special Districts department or Superior Court

☐ Resigning from the County of San Bernardino

☐ Retirement

☐ Other (specify): _____

Were You Satisfied With:			Working Conditions Were:		
On-The-Job-Training	☐ Yes	☐ No	Satisfactory:	☐ Yes ☐ No	☐ Safe ☐ Unsafe
Advancement Opportunities	☐ Yes	☐ No	Other:		
Hours of Work	☐ Yes	☐ No			
Supervision	☐ Yes	☐ No			

Were you informed of department rules and policies? ☐ Yes ☐ No

Additional Comments

_____

_____

_____

Employee Signature	Date

Supervisor Signature	Date

DISTRIBUTION: Original - EMACS HR (0030) (If separating from County employment, attach to Separation Report). Personnel (OPF) File (If promoting or transferring to another County/Special Districts department or Superior Court)