



**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: \_\_\_\_\_

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• List County property returned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Disposition of final warrant

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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**Attn: Department Director**

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

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