



Rowan County Human Resources

130 West Innes Street, Salisbury, NC 28144

Phone (704) 216-8100 FAX (704) 216-8110

RESIGNATION

NAME _____ DATE _____

POSITION _____ DEPARTMENT _____

I hereby submit my resignation to Rowan County. My last day at work will be _____ ending at _____ (time of day) am/pm. **In accordance with County Policy, my last work day may not be extended by using earned leave. My effective resignation date is the last actual day worked.**

I understand I am responsible for returning all uniforms, keys, ID, and any equipment that belongs to the County. If equipment is not returned, I understand that my last paychecks may be reduced by an appropriate amount that is allowed by law.

My reason for leaving _____

Employee's Signature

Department Director's Acceptance

Human Resources Director

REV 1-10-13