Montgomery County Government
Voluntary Resignation

Employee Name _____ **Date** _____

Social Security Number _____ **Department** _____

I voluntarily resign my employment with Montgomery County Government effective:

_____ _____ _____
Month **Day** **Year**

My reasons for leaving are:

_____

_____

_____

_____

Forwarding Address: _____

_____

_____

_____

_____ _____
Employee Signature **Date**

_____ _____
Witness Signature **Date**