

A COUNTY OLDER THAN THE STATE

ST. CLAIR COUNTY COMMISSION



165 5th Ave. Suite 100
ASHVILLE, ALABAMA 35953

TELEPHONE (205) 594-2100
FAX (205) 594-2110



VOLUNTARY RESIGNATION FORM

EMPLOYEE NAME: _____ DEPARTMENT: _____

I voluntarily resign my employment with St. Clair County

Effective: _____
(date)

My reason(s) for resignation are:

Forwarding Address:

Phone: _____

Employee Signature

Date

Dept. Head/Supervisor Signature

Date