

BOARD OF COUNTY COMMISSIONERS HAND COUNTY SOUTH DAKOTA

415 West 1st Avenue, Suite 202 or Mailbox 7 MILLER, SOUTH DAKOTA 57362-1346 (605) 853-2182 / (605) 853-2769 - Fax EMAIL: commissioners.handcounty@midconetwork.com http://hand.sdcounties.org/ Community Alerts by www.alertsense.com

Standardized Resignation	Form for use by hour	ly employees in all de	epartments: (Please]	Print Clearly)
Standardized Hesignation	1 01111 101 450 0 j 110 41	ij emprojeco m an a	opulation (1 louse)	· · · · · · · · · · · · · · · · · · ·

Employee's full name:	Employee's D.O.B.: Employee's Last 4 SSN:	
Employees: Address	Employee's phone number:	
Date the employee completed this form:	Effective Date of Resignation:	
Employee's Signature:		
Date employer received this form:	Employer's Signature:	

Office / Agency / Department:

	Assessor / Zoning Auditor / Welfare Treasurer / Passports Register of Deeds / Driver Licensing 4-H Veteran Services Office Sheriff / Inmates (Jail)		Emergency Management / 911 Services Custodian States Attorney's Office Weed and Pest Library Highway Department Appointed Board Member (non-elected)
	on for leaving: (Check all that apply) Retirement Seasonal / End of Season Left for better employment / wages Conflict with supervisor(s) Failed to meet expectations of employment		Failed to meet expectations of employer Wrong job or wrong time Underqualified for position Overqualified for position Hostile work environment
	oyee's Perception: Leaving on "Good Terms" Leaving on "Marginal Terms" Leaving on "Poor Terms"		oyer's Perception: Left on "Good Terms" Left on "Marginal Terms" Left on "Poor Terms"
Empl	oyee's willingness to work in the future: Employee willing to return to work. Employee willing to work part-time. Employee not willing to return.	Empl	oyer's willingness to re-employ: Employee able to be re-employable Employee able to return part-time Employee not welcome to return.

Employee's Comments to the Administration: (use back side of page if needed)