

FORT BEND COUNTY RESIGNATION STATEMENT

FORM 4A

Use this form to submit a notice of intent to resign from a position with Fort Bend County. Employees are also encouraged to complete an exit interview and survey, on Forms 4B and 4C.

Employee Name _____ Emp. ID _____

Department Name _____ Dept. # _____

Position Title _____

Please accept this document as notification of my intent to resign from the department and position noted above.

My last day of work will be _____

Please provide any comments relevant to your resignation.

Please provide your forwarding address so that tax documents and other correspondence can be sent to you as needed. You may also choose to provide a phone number and personal email.

Forwarding Address

Phone # Home _____ Cell _____

Personal e-mail _____

Employee Signature _____ Date _____