

## FORT BEND COUNTY RESIGNATION STATEMENT

I, \_\_\_\_\_, hereby resign my position as \_\_\_\_\_, effective \_\_\_\_\_ (date).

The reason for my resignation is as follows: \_\_\_\_\_  
\_\_\_\_\_

My forwarding address is: \_\_\_\_\_  
\_\_\_\_\_

I plan to begin working for the following employer: \_\_\_\_\_  
\_\_\_\_\_

If not starting a new job, I do \_\_\_\_ do not \_\_\_\_ plan to seek other employment.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_  
\_\_\_\_\_

Policy Approved and Adopted By:  
Fort Bend County Commissioners Court  
Form 4A Approved: November 10, 1998  
Revised: September 30, 2003