



CULLMAN COUNTY COMMISSION

VOLUNTARY RESIGNATION FORM

Employee Name: _____ Department: _____

Social Security Number: _____

I voluntarily resign my employment with Cullman County Commission

Effective: _____

(Month / Day / Year)

My reason(s) for leaving are:

Forwarding Address: _____

Phone: _____

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____