

NOTICE OF RESIGNATION
The Adjutant General's Department
State Human Resource Office

I, _____, am resigning my position as a(n) _____
(Print)

_____, effective _____, which will be my last day

at work. The reason for my resignation is:

_____ Accepted a position with _____

_____ End of temporary position (999er)

_____ Moving to _____

_____ Other (Please Specify) _____

_____ If retiring, are you continuing with State health insurance? Yes No

Forwarding Address:

My last paycheck should be:

Email: _____

- a. _____ Direct deposited as usual **Phone:** _____
- b. _____ Mailed to forwarding address above

Signature

Date

Resignation Procedures

1. Submit your original resignation to your supervisor or SHRO.
2. Meet with your supervisor regarding the status of job duties, completion of needed tasks and computer files.
3. Contact OSHR (785-646-0561) immediately for:
 - a.) Information on health insurance, life insurance and KPERS, if applicable.
 - b.) Any change you would like to make regarding your address or direct deposit information.
 - c.) Scheduling an "oral" exit interview (optional).
 - d.) Consideration of a leave donation, if applicable.
4. On your last working day:
 - a.) Return all department issued property, i.e. keys, tools, uniforms, beepers, etc.
 - b.) Make a final check with your supervisor regarding status of job tasks and computer files.
 - c.) Complete, sign and submit your timesheet to your supervisor.