



NOTICE OF RESIGNATION

*If you would like to talk to someone in Human Resources before completing this form, please call
(312) 742-5220*

First Name: _____ Last Name: _____ M.I. _____

Employee Number: _____

Department/Region: _____ Position or Title: _____

Resignation Effective Close of Business on (mm/dd/yyyy): _____

Reason for Resignation:

I certify that this resignation is executed by me voluntarily and of my own free will:

Employee Signature Date

Please be aware that we will send your final W-2 tax statement to the address that we have on file. Should you relocate, you will want to update your address with us to ensure timely receipt of this document.

Please fax this signed and dated form to (312) 742-6097 or you can email a scanned copy with your signature and date to humanresources@chicagoparkdistrict.com or you can mail this form to:

**Chicago Park District -HR Dept.
4830 S. Western Ave
Chicago, IL 60609**

FOR CPD HUMAN RESOURCES USE ONLY

Last day of work per department (if different from above): _____

Accepted by Date