

EFFECTIVE **MARCH 9, 2020**, HOUSTON PUBLIC WORKS WILL NO LONGER PROCESS RESIGNATION FORMS. SUPERVISORS ARE TO FORWARD ALL RESIGNATION FORMS DIRECTLY TO THE HUMAN RESOURCES DEPARTMENT, **ATTN: KAITLYN PABON** AT [ALLSEPARATIONNOTICES@HOUSTONTX.GOV](mailto:ALLSEPARATIONNOTICES@HOUSTONTX.GOV), 611 WALKER, 22ND FLOOR.

**DO NOT** FORWARD RESIGNATION FORMS TO HPW RECORDS MANAGEMENT, SERVICE LINE ADMINS, OR OTHER THIRD PARTIES.



# CITY OF HOUSTON

## NOTICE OF RESIGNATION

Employee Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

**Effective Close of Business \_\_\_\_\_, I am separating from the City of Houston for the following reason(s):**

<input type="checkbox"/> Accepting other employment	<input type="checkbox"/> Job dissatisfaction
<input type="checkbox"/> Relocating to another city	<input type="checkbox"/> Resignation in lieu of termination
<input type="checkbox"/> Retirement	<input type="checkbox"/> Medical reasons
<input type="checkbox"/> Other (explain)	

Additional comments from employee may be attached to this form (i.e. letters, emails, etc.)

I request that all my checks be (check one):

Held for pick up

Mailed to the following location:

Address:			
City:			
State:		ZIP Code:	
Phone:			

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**If you have at least five (5) years of credited service in HMEPS, contact HMEPS at 713-595-0100**

### TO BE COMPLETED BY HR

Last day worked:		Last day paid:	
Schedule Code:		SAP Pay Loc.:	
		SAP Work Loc.:	

If the last day worked and last day paid are not the same, provide a detailed explanation of how the employee was paid and/or docked:

Sick	
Vacation	
Dock	
Other	

- NOTES: 1.) Medical documentation for all sick hours listed must be attached to this form  
2.) Vacation in excess of 80 hours must be approved by the HPW Director

### TO BE COMPLETED BY SUPERVISOR

Supervisor Name:		Phone:	
Did the employee have a take-home vehicle?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Number of days take-home vehicle was driven since last reporting period:			
Does the employee have a car allowance?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the employee turned in all issued city property?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Property retrieval checklist must be completed and submitted within 3 business days of separation</b>			

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

EMAIL AND SEND COMPLETED FORM TO  
[ALLSEPARATIONNOTICES@HOUSTONTX.GOV](mailto:ALLSEPARATIONNOTICES@HOUSTONTX.GOV)  
 ATTN: KAITLYN PABON, 611 WALKER, 22ND FLOOR