



**Granville County
OFFICIAL RESIGNATION/RETIREMENT NOTIFICATION**

I, _____, hereby tender my official voluntary termination of employment with Granville County effective _____.

REASON FOR TERMINATION OF EMPLOYMENT

Voluntary Resignation (provide explanation):

Retirement. Schedule an appointment with HR to complete retirement paperwork.

Disability Retirement. Schedule an appointment with HR to complete retirement paperwork.

LEAVE BALANCE

I would like to transfer my leave balances to another local government agency.

I would like to be paid for my annual leave balance.

CHANGE OF ADDRESS

If relocating, provide forwarding address: _____

COBRA INSURANCE PLANS

If you currently have health, dental and/or vision insurance, you can continue coverage through a COBRA plan at your expense. You will be contacted by your insurance carrier with further information.

Employee Signature _____

Date _____

Supervisor's Signature _____

Date _____

Return this form to the Human Resources Office

104 Belle Street, Oxford, NC 27565

Fax (919) 339-1933

angela.miles@granvillecounty.org