



CBP-123 (R. 08.02.16)

RESIGNATION

INSTRUCTIONS:

1. Employee must sign the copy of this form and give it to his/her immediate supervisor.
2. Supervisor must transmit the form for Reporting Officer's and/or Approving Officer's signatures.

DISTRIBUTE A COPY TO:

- Employee
- Department
- Employees' Retirement System
- Dept. of Employee Relations – Pay Services Section

Employee:		Race:	Employee I.D. No.:
Mailing Address:			Zip Code:
Department:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Division No.:
	Division:		Payroll Location No.:
Job Title:			

CHECK ONE: Resignation from this position only Resignation from City employment

Resignation to take effect at the close of business on:

If employee was off payroll before date of resignation enter last date for which pay was received:

Explain the difference between last pay date and resignation date below (*Examples: On Leave of Absence Since – give date; Owed Time Deducted – give number of hours; AWOL Since – give date*):

Reason for Resignation:

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↑ Employee Signature ↑

↑ Date ↑

NOTE: Department must obtain City of Milwaukee Identification Card from resigning employee.

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↑ Reporting Officer's Signature ↑

↑ Title ↑

↑ Date ↑

Reporting Officer's Name (*please print*):

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↑ Approving Officer's Signature ↑

↑ Title ↑

↑ Date ↑

Approving Officer's Name (*please print*):

REINSTATEMENT POLICY:

Request for reinstatement may be made in the City department from which the employee resigned. Approval of the request by that department is necessary in order to be placed on a reinstatement list. Reinstatement requests made after one year of resignation must also be approved by the City Service Commission. Under the City Service Commission rules, however, the Commission does not hear appeals if the request for reinstatement is denied or not recommended by the department.

