



Housing Authority of the City of Milwaukee

RESIGNATION

Date _____

EMPLOYEE MUST COMPLETE AND SIGN THIS FORM THEN GIVE IT TO HIS/HER IMMEDIATE SUPERVISOR.

SUPERVISOR MUST SIGN AND THEN FORWARD THIS FORM TO HUMAN RESOURCES FOR THE APPROVING OFFICER'S SIGNATURE.

NAME:	ADDRESS:
PENSION NO.	TITLE:
DEPARTMENT –	BUREAU: HOUSING AUTHORITY OF THE CITY OF MILWAUKEE
RESIGNATION TO TAKE EFFECT AT THE CLOSE OF BUSINESS ON	
<i>IF EMPLOYEE WAS OFF PAYROLL BEFORE EFFECTIVE DATE OF RESIGNATION ENTER LAST DATE FOR WHICH PAY WAS RECEIVED</i>	
REASON FOR RESIGNATION: _____	
EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE

NOTE: DEPARTMENT MUST OBTAIN CITY OF MILWAUKEE IDENTIFICATION CARD FROM RESIGNING EMPLOYEE

REPORTING OFFICER'S SIGNATURE Crystal Reed-Hardy	DATE	APPROVING OFFICER'S SIGNATURE Antonio Pérez	DATE
TITLE Human Resources Manager		TITLE Secretary-Executive Director	

Distribution:
 THE ANNUITY & PENSION BOARD
 DER
 HACM HUMAN RESOURCES-PAYROLL CLERK
 EMPLOYEE