



HR Help Desk Case #

TO BE COMPLETED BY THE EMPLOYEE

Last Name	First Name	Employee ID
Business Unit	Division	Union

This is to inform The City of Calgary that I hereby resign my position with the corporation.

My last day of work* will be: YYYY MM DD

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My last day of pay* will be: YYYY MM DD

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* Last day of work/last day of pay may differ if an employee is on an LOA, S&A or LTD benefits prior to resignation.

Your final pay statement will be mailed to the address on file.
If your address has changed, please provide the new address in the space below.

New Address		
New City	New Province	New Postal Code
Employee's Signature	YYYY	MM DD

This information is collected for the purposes of personnel management, payment & resignation administration, financial analysis and reporting. The information is collected under the Alberta Freedom of Information and Protection of Privacy Act, Section 33(c) and is protected by this Act. If you have any questions about the use of the information on this form, contact Inquiries and Data Management at 403-268-5800.

TO BE COMPLETED BY THE SUPERVISOR

Last Day Worked	YYYY MM DD	RAWW Days Outstanding
<input type="checkbox"/> R - Satisfactory - Re-employment recommended <input type="checkbox"/> TER-RTR - Resigned-School - Rehire Recommended <input type="checkbox"/> N - Not Suitable for this type of work. <input type="checkbox"/> TER-RTN - Resigned-School - Not Suitable <input type="checkbox"/> D - Not recommended for rehire in any capacity <input type="checkbox"/> TER-RTD - Resigned-School - Do Not Rehire in The City of Calgary.		
<i>If rehire code N or D is chosen, please contact Human Resources to complete additional forms.</i>		
Supervisor's Signature	YYYY	MM DD

DISTRIBUTION: **Original** – Employee file, Record Centre #8107 RC
Copy – Business Unit Payroll
Copy – Supervisor
Copy – Employee