



City of Hastings
Advance Resignation Notice Program Application

Date: _____

To: _____, (Department Director or Administrative Services Director)

From: _____, (Employee)

Re: Voluntary Resignation/Retirement Notice

VOLUNTARY RESIGNATION OR RETIREMENT

I, _____, voluntarily resign my position of

_____, with the City of Hastings.

Job Title

My last day of work will be: _____, (Termination Date)

By signing this document I am agreeing to the terms and conditions of the City's Advance Resignation Notice Program. I understand that in order to be eligible for an Advance Notice payment I must give at least 90 days' notice before my last day of work and that any payment will be based upon the actual number of calendar days elapsed between the date of this notice and the last day of active work. I also understand that in signing this Notice I am agreeing there will no longer be a position available to me after stated termination date.

I understand that I have ten (10) calendar days from the date I sign to rescind this resignation. A rescission must be in writing, dated, signed and delivered to the Administrative Services Director, City of Hastings, 101 4th Street E, Hastings, Minnesota within the 10 calendar day period. After the 10-day period my resignation is irrevocable, unless rescinded by the City.

Employee Signature

Date

RESIGNATION ACCEPTED

Department Director

Date

Administrative Services Director

Date

Eligible for: .. ☐ 90 days ☐ 120 days ☐ 180 days