DAKOTA 911
POLICE • FIRE • EMS

ADVANCE RESIGNATION NOTICE

Date: _____

Employee Name: _____ Employee ID: _____

Voluntary Resignation or Retirement

I,_____ , voluntarily resign my position of employment with Dakota 911 effective: _____.

By signing this document I am agreeing to the terms and conditions of the Dakota 911 Advance Resignation Notice policy. 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 work. I also understand that in signing this contract I am agreeing that there will no longer be a position available to me after the agreed upon termination date.

I understand that I have ten (10) calendar days from the date I sign to rescind this resignation. I understand that a rescission must be in writing, dated, signed and delivered to the Executive Director at 2860 160th Street W, Rosemount, MN 55068 within the 10 calendar day period. After the 10-day period, my resignation is irrevocable unless rescinded by Dakota 911.

_____ _____
Employee Signature Employee Signature Date

PRINT SUBMIT RESET

Resignation Acceptance

_____ _____
Executive Director Director Signature Date

☐ 90-Day Payment ($500.00) ☐ 180-Day Payment ($1,500.00)

PRINT APPROVED

Upon receipt, HR will provide the employee a fully-signed copy.