

COUNTY OF DUKES COUNTY

**NOTICE OF TERMINATION OF EMPLOYMENT, LEAVE
OR OTHER CHANGE OF STATUS**

Date:

Department:

Notice is hereby given that _____ (name of employee)

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- ☐ RESIGNED
- ☐ RETIRED
- ☐ WAS DISCHARGED
- ☐ DIED
- ☐ IS ON SICK LEAVE WITH PAY
- ☐ IS ON SICK LEAVE WITHOUT PAY
- ☐ IS ON MATERNITY LEAVE
- ☐ IS ON OTHER LEAVE WITHOUT PAY
- ☐ NAME CHANGED BY MARRIAGE TO:
- ☐ OTHER CHANGE OR COMMENT:

The above changes are in effect as of _____.

Department Head Signature

County Manager Signature

Personnel Board Chair Signature