

TOWN OF LUNENBURG

NOTICE OF TERMINATION

NAME: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

RESIGNED \_\_\_ DISCHARGED \_\_\_ LEAVE OF ABSENCE \_\_\_ OTHER \_\_\_

RESIGNATION

(Employee's signature required to establish eligibility for any accrued benefits.)

DATE RESIGNATION SUBMITTED \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_

REASON \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON RESIGNING

\_\_\_\_\_  
DATE

LEAVE OF ABSENCE, DISCHARGE, SUSPENSION FOR CAUSE, OTHER

DEFINE ACTION \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

REASON \_\_\_\_\_

DURATION \_\_\_\_\_

\_\_\_\_\_  
SUBMITTED BY

Health \_\_\_\_\_

Life \_\_\_\_\_

Retirement \_\_\_\_\_

Cobra Letter \_\_\_\_\_

\_\_\_\_\_  
DEPARTMENT