

# LaSalle County Human Resources



## Voluntary Resignation Form

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Department Head)

Please accept this letter as my official resignation from LaSalle County effective on \_\_\_\_\_  
(Date)

I am resigning my position because

\_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)