City tof Milwaukee CBP-123 (R. 06.04.19)

RESIGNATION

INSTRUCTIONS:

- 1. Employee must sign the copy of this form and give it to his/her immediate supervisor.
- 2. Supervisor must transmit the form for Reporting Officer's and/or Approving Officer's signatures.

DISTRIBUTE A COPY TO:

- Employee
- Employes' Retirement System
- Department
- Dept. of Employee Relations –send within 48 hours to <u>DERpersonnelforms@milwaukee.gov</u>

Employee:	Darryl Johnson		Race:	Employee I.D. No.:
Mailing Address:			Zip Code:	
Department:			Gender: 🔀 Male	e 🔲 Female
			Division No.:	
Division:	Payroll Location No.:			
Job Title:	City Plan Commissioner			
CHECK ONE: Resignation Tom this position only				
Resignation to take effect at the close of business on: 12/31/2020				
If employee was off payroll before date of resignation enter last date for which pay was received:				
Explain the difference between last pay date and resignation date below (Examples: On Leave of Absence Since – give date; Owed Time Deducted – give number of hours; AWOL Since – give date):				
Reason for Resignation: CPC Term Concluded				
Descrip	Jaldnon			2/20/2020
T Employee Signature 1. A Date T				
NOTE: Department must obtain City of Milwaukee Identification Card from resigning employee.				
)				
个 Reporting Officer's Signature 个		个 Title 个		个 Date 个
Reporting Officer's Name (please print):				
				······································
↑ Approving Officer's Signature ↑ ↑ Title				↑ Date ↑
Approving Officer's N	ame (please print):			
request by that depa one year of resignati	OLICY: ement may be made in the City deported in the City deportment is necessary in order to be play on must also be approved by the City ission does not hear appeals if the re	ced on a reinstatement li Service Commission. Un	st. Reinstatement ider the City Servi	requests made after ce Commission rules,

