

Employee Name: _____

Office: _____

Date: _____

These are the terms of your resignation/termination from Osage County:

1. Your last day of employment is:

2. You are eligible for:

3. Your PTO pay out amount is:

4. You will receive your last paycheck on:

_____ via _____

5. You are required to return all keys, uniforms and equipment given to you by Osage County by

6. In regards to your Medical / Dental / Vision / Supplemental Insurance:

7. In regards to your CERF and savings plans:
