



City of Maumelle

NOTICE OF RETIREMENT

Name: _____

Date: _____

Position: _____

Dept.: _____

I, _____, provide this written notice that I am
(Print full name)
voluntarily retiring from my employment with the City of Maumelle. My last day of work
will be on _____.

Date of Retirement Notice sent to Supervisor _____.
(Date)

Please send my W-2 and other correspondence to:

Home Street Address: _____

City, State, Zip Code: _____

_____ Department Head

_____ Date

_____ Employee's Signature

_____ Date

_____ Director of Human Resources

_____ Date

_____ Mayor

_____ Date

HR USE ONLY

Non-Uniform **Uniform:** **Police Department** **Fire Department**

Employee ID Number: _____

Hire Date: _____

Confirmed Retirement Date: _____

_____ Paid Sick Leave _____ Compensatory Time

_____ Paid Vacation Leave