



**CITY OF RIVERSIDE
HUMAN RESOURCES DEPARTMENT**

RESIGNATION/RETIREMENT FORM

Please complete the information below and submit the form to your department two weeks prior to the separation date.

I, _____, have been employed by the City of Riverside since _____ . My employee ID is _____ .

My present classification is _____, and my present salary is \$_____.

I will be **retiring** from the City of Riverside as of this effective date (last day on Payroll):

Important Note: The effective date of retirement with the City should be the last day you are on Payroll. This will usually be your last day of work. This date cannot be the same as your official CalPERS retirement date, for example, if your last day work with the City is 12/30/15, then your CalPERS retirement date can be 12/31/15 or any date after 12/30/15.

OR

I will be **resigning** from the City of Riverside as of this effective date (last day on Payroll):

I herewith submit my voluntary **resignation** for the following reason:

Employee's Signature

Date

Department Head's Signature

Date

Reinstatement for voluntary resignations

An employee who resigns may be considered for reinstatement to the position previously held subject to the following requirements based on Human Resources Policy and Procedure Manual I-4:

1. Recommendation of the Department Head.
2. Approval of the Human Resources Director.
3. A favorable medical report from the City's medical examiner.
4. Reinstatement must take place within one year from the date of resignation.