

Grant County Exit of Employment Confirmation

I. To Be Completed by Supervisor / Department Head

Employee Name: _____	Date: _____
Department: _____	Position: _____
Date of Hire: _____	Last day of employment: _____
Reason given for leaving: _____ _____	
How much notice was given by employee? _____	

II. To Be Completed by the Employee

Exit Agreement: ____ I understand that anything I created or developed while working for Grant County is the work product of Grant County and ownership remains with Grant County. ____ I understand that confidentiality obligations remain in place after my employment ends. ____ I have returned all documents, keys, and county equipment to my department supervisor. Employee signature: _____ Date: _____ Department Head signature: _____ Date: _____

<i>Document if employee declines to sign and obtain a witness signature:</i> _____ Witness Signature: _____ Date: _____
