

NOTICE OF TRANSFER OR RESIGNATION

This is the prescribed form for a State of Nevada Executive Branch employee to give notice of transfer to another State agency or resignation from State service.

Name: _____ Employee I.D.#: _____

Current Agency: _____

Last Date with Current Agency: _____ at: _____ (designate a.m. or p.m.)
If no last date is indicated above, a standard two weeks' notice from the date the notice was submitted will be assumed unless the appointing authority or designee waives the requirement and completes the box at the bottom of this form. Additionally, if the appointing authority or designee waives the requirement, he or she will input the employee's last date with current agency above.

Transferring Employees

I am transferring to another State agency.

Agency Transferring To: _____

New Position Title: _____

First Date with New Agency: _____

Important Note for Transferring Employees: If you are a classified employee transferring to an unclassified position, you will no longer have rights as a classified employee including any right to be restored to your former position. _____

Initials

If you are transferring to the Legislative Counsel Bureau (LCB) or the Nevada System of Higher Education (NSHE), you will be considered a transfer even though your ESMT-A will indicate a termination code.

Resigning Employees

I am resigning from State service.

Reason for Resignation: _____

Mailing Address: _____

By initialing, I understand that if my last day, as indicated above, is less than two weeks' notice, such a termination code could be used on my separation paperwork if it is not waived.

Initials

RESIGNATION INFORMATION ONLY: You are hereby advised that in accordance with NRS 284.381, once your written resignation from State service is accepted by your appointing authority, you may not revoke the resignation regardless of the effective date set forth if 3 or more working days have elapsed since its acceptance unless your appointing authority approves the revocation.

Employee Signature: _____ **Date:** _____

Acceptance by Appointing Authority or Designee (e.g. Supervisor)

Two weeks' notice requirement waived.

Name: _____ Title: _____

Signature: _____ Date/Time: _____