

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

| | | |
|---|---|--------------------|
| SALVATORE ZICCARELLI, |) | |
| |) | |
| Plaintiff, |) | |
| |) | Case No. 17 C 3179 |
| v. |) | |
| |) | Hon. John J. Tharp |
| THOMAS J. DART, Sheriff of Cook County, |) | |
| Illinois and COOK COUNTY, ILLINOIS, a |) | |
| Municipal Corporation and Body Politic, |) | |
| |) | |
| Defendants. |) | |

EXHIBIT 5

Resignation Letter

EXIT INTERVIEW**IMMEDIATELY UPON COMPLETION:**

RETURN TO: DEPT. OF RISK MANAGEMENT
INSURANCE OFFICE
ROOM 1072 - COUNTY BLDG
INTEROFFICE - 008

Employee Name SALVATORE ZICARELLI Today's Date 9-20-16
Department 239 Employee # 386581 Social Security [REDACTED]
Job Title Correctional Officer Date of Hire 9-10-1989
Last Day Worked 9-18-2016 Last Day Paid 9-20-16
Rate of Pay 36.666 Vacation Pay 220.07 / CE 276.75
Employment Status: (check one) ☒ Full Time ☐ Part Time
(check one) ☒ Permanent ☐ Probationary

Would you Rehire Employee? ☐ Y ☐ N
COBRA Information Issued ☒ Y ☐ N (attach copy)
Benefits Termination Information Issued? ☐ Y ☐ N
Is Employee Transferring to another Dept. in the County? ☐ Y ☐ N What Dept.?

REASON FOR TERMINATION**VOLUNTARY RESIGNATION**Effective Date 9-20-16

- ☐ 1 To Attend School
☐ 2 Illness (incl. Family members)
a) was LOA requested ☐ Y ☐ N
b) Dr.'s Statement ☐ Y ☐ N
☐ 3 No Child Care
☐ 4 Dissatisfaction with Job
(Hours, Pay, Working Conditions,
Personality Conflicts) **
☐ 5 Relocation
☐ 6 Pregnancy - LOA requested?
☐ Y ☐ N
☐ 7 Other Employment
Note Where and When, if known **
☒ 8 Retired
☐ 9 Unable to return from LOA
☐ 10 Other **

DISCHARGED

Effective Date _____

- ☐ 11 Violation of Known Rules
a) Absenteeism (Last Day Absent)
b) Tardiness (Last Known Tardy)
c) Absent 3 consecutive days -
No Call (Job Abandonment)
d) Inability to do job (Poor
Work Performance, Attitude)
e) Insubordination **
f) Under Influence of Intoxicants
or Drugs? Referred to EAP?
☐ Y ☐ N
g) Misconduct **
h) Allowed to resign in lieu of discharge
☐ 12 Layoff

**** EXPLANATION REQUIRED**

EXPLAIN IN DETAIL - REASON FOR TERMINATION (BE SPECIFIC)

RETIREMENTInterviewer/Supervisor [Signature]Date 9-20-16Employee [Signature]Date 9-20-16

Dept. - Please keep a copy in your file and forward one to Risk Management as soon as possible.

White: Insurance Department Copy Yellow: Department Copy Pink: Employee Copy

Joint Exh. 6

FMLA 00059