

Certificate of Revocation of Appointment

State of California }  
County of Yolo } ss.

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of person revoking oath) (Title)

of the County of Yolo, State of California, do hereby revoke the  
appointment of \_\_\_\_\_ as  
(Employee Name)

\_\_\_\_\_ in \_\_\_\_\_  
(Employee Title) (Department)

in and for said County of Yolo, State of California.

In witness whereof I hereto  
set my hand this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature – same person who signs PAF)

*To be filed with the County Clerk when an employee leaves office.*