State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name Maressa D Klein 2. SSN [redacted]

   a. State any other name(s) under which employee worked. _____

3. Period of Last Employment: From 04/01/2026 To 08/13/2026

4. REASON FOR SEPARATION:

   a. LACK OF WORK ☐

   b. If for other than lack of work, state fully and clearly the circumstances of the separation:

   Resigned in Lieu of Termination

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
   (DO NOT include vacation pay or earned wages)

   _____ (type of payment) in the amount of $_____ for period from _____ to _____

   Date above payment(s) was/will be issued to employee _____

   IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

   _____ per month 0.00% % of contributions paid by employer

6. Did this employee earn at least $7,300.00 in your employ? YES ☒ NO ☐ If NO, how much? $_____

   Average Weekly Wage _____

Employer's Name City of Vidalia

Address 302 East First Street - Suite C
(Street or RFD)

City Vidalia State GA ZIP Code 30474

Employer's Telephone No. 912-537-7661
(Area Code) (Number)

Ga. D. O. L. Account Number 14011703
This is the number assigned to the employer by Georgia Department of Labor.

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer or authorized agent for the employer

HR Director
Title of Person Signing

08/14/2026
Date Completed and Released to Employee

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

DOL-800 (R-6/19)

August 13, 2026

Vidalia City Police Department

To Whom it May Concern:

Please accept this letter as formal notification that I am resigning from my position at the Vidalia Police Department immediately.

I would like to take this opportunity to thank you for the knowledge and experience that I gained from working here. I am grateful for the time I have spent on the team and the professional relationships that were made.

Sincerely,

Skyler Jackson

CITY OF VIDALIA
Disciplinary Action Form

Employee Name: Skylar Jackson **Meeting Date:** 8-14-26

Department: Police Department **Supervisor Name:** Capt J Humphrey

TYPE OF ACTION (choose one):

Reprimand ☐ **Adverse Action** ☒

Choose one:		*Choose one:*		*Details:*
Oral	☐	Suspension without Pay	☐	
Written	☐	Suspension with Pay	☐	
		Salary Reduction	☐	
		Demotion	☐	
		Dismissal (HR letter attached)	☒	

Cause of Action:

- ☐ Chronic tardiness or absenteeism
- ☐ Negligence in performing assigned duties
- ☐ Inefficiency in performing assigned duties
- ☐ Inability or unfitness to perform assigned duties
- ☐ Insubordination
- ☒ Misconduct
- ☐ Commission of a felony or a crime involving moral turpitude
- ☒ Conduct reflecting discredit on the city or department
- ☐ Failure to report to work without justifiable cause
- ☐ Political activity that is prohibited by these policies or state or federal law
- ☒ Violation of these policies or policies or procedures of the city or department
- ☐ Other

Allowed to Resign in lieu of Termination

Describe details regarding issues: Employee had sexual relationship with a subordinate who was married.

Dates of prior actions: ____ ____ ____ ____ ____

Improvement Plan: Employee allowed to resign in leiu of temination.

ACKNOWLEDGEMENTS:

Skylar Jackson **Signature:** _____ Date: ____

Captain John Humphrey **Signature:** _____ Date: 8/14/26

Chief Robert Shore **Signature:** Robert Shore Date: 8/14/26

City Manager Josh Beck **Signature:** _____ Date: 8/17/26

HR Director Marsha Stone **Signature:** M Stone Date: 8/14/2026

Chief Robert L. Shore Sr

Vidalia Police Department
302 First Street East Suite B• Vidalia, GA 30474
Phone (912) 537-4123 • Fax (912) 537-2585
www.vidaliaga.gov/police

Captain Garry Colson Jr.	*Captain Hank Scott*	*Captain John Humphrey*
Administrative Division	**Investigative Division**	**Patrol Division**

8/13/2026

Dear Chief,

Please accept this letter as my formal resignation from the Vidalia Police Department, effective 08/13/2026.

I am grateful for the opportunity to serve the Vidalia community and for the experiences, knowledge, and relationships I have gained during my time with the department. After careful consideration, I have decided to pursue other opportunities that I believe are the right next step for me personally and professionally.

I appreciate the support and professionalism I have received during my time with the department, and I am proud of the work I have been able to contribute to the community.

Thank you for the opportunity to serve with the Vidalia Police Department. I wish the department and my fellow officers continued success in the future.

Respectfully,

Maressa Klein

Maressa Klein