

VOLUNTARY RESIGNATION

Employee Name _____ Department _____

I voluntarily resign my employment. My last day of work will be:

My reason(s) for leaving is (are):

Forwarding Address: _____

Email Address: _____

Employee Signature

Date

Supervisor Signature

Date

Please submit to your supervisor, who should place a copy of this notice with your Termination PAF and send to Human Resources. If you would like an exit interview, please contact the Office of Human Resources at x9-2541.