EMPLOYEE RESIGNATION FORM

NAME OF EMPLOYEE: _____

DATE OF COMPLETING FORM: _____

Please accept my voluntary resignation effective: _____ (Date). I would like for my last day of work for the Company to be: _____ (Date). I understand that the Company does not have to allow me to work until my requested last day and can accept my resignation immediately or at any time hereafter if the Company so chooses.

Reasons for Resignation:
In addition to checking reason for termination, give a full explanation in space below. For example, if the termination is for "another job", indicate company name, starting date, and if they are leaving the area. If employee does not give notice of voluntary termination, note when and how it was determined he/she was terminated and give any other relevant information

□ Without notice or reason   □ Work Schedule   □ Retirement
□ Another Job   □ Enlisted in Armed Forces   □ Refused Suitable Work
□ Relocation   □ Problem with Supervisor   □ LOA - Did not Return
□ Illness   □ Problem with Co-worker   □ Pay
□ Marriage   □ Personal Problem   □ Other _____
□ Working Conditions   □ Return to School

Explain reason given above in detail _____

_____

I understand that I am responsible for returning all Company property on or before my last day of work. The Company property/properties that I presently have in my possession is/are:
_____

I ask that my final paycheck (due on the next regular payday after my last day of work) and any other post-termination notices, such as my end of the year tax forms, be mailed to me at the following address:

_____

_____   _____
Employee Signature   Received by (Name & Date)