



RESIGNATION / RETIREMENT NOTICE

EMPLOYEE NAME _____ EMPLOYEE ID# _____

JOB POSITION _____ LOCATION _____

DEPARTMENT _____ YEARS OF SERVICE _____

PERMANENT PROBATIONARY TEMPORARY/LIMITED TERM

EXIT CHECKLIST COMPLETED: YES NO

I HEREBY REQUEST HUMAN RESOURCES TO ACCEPT MY:

RESIGNATION AS OF CLOSE OF WORK ON: _____
(LAST PAID WORKING DAY)

REASON:

RETIREMENT AS OF CLOSE OF WORK ON: _____
(LAST PAID WORKING DAY)

Please indicate if any paid vacation time is to be included in the date shown:

Days: _____ **Hours:** _____

Permanent or Forwarding Address:

Telephone:

Employee Signature

Date

Supervisor Signature

Date

Human Resources Signature

Date