

**THIS SECTION TO BE COMPLETED BY THE EMPLOYEE**

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Requested Final Day: \_\_\_\_\_

**Employee Contact Information**

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

**Resignation Statement**

Please accept my voluntary resignation from employment with this Company effective on the date indicated above.

**Reason for Resignation:**

- New Employment
- Other

If "other" please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE SUPERVISOR**

Resignation date acceptable to the company?

- Yes
- No

If "No" please explain and enter official resignation date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGMENT:**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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