

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:

ACKNOWLEDGMENT:

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

THIS SECTION TO BE COMPLETED BY THE SUPERVISOR

Did the employee work throughout their notice period?

- Yes
- No

If "No" please explain and record the last day worked: _____

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