

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

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

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

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

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

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

**Employee Contact Information**

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

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

Forwarding Address: \_\_\_\_\_

Street Address

Apt. #

City

State

Zip Code

**Resignation Statement**

Please accept my voluntary resignation from employment with this Company effective on the date I have indicated above (or the date acceptable to the Company by mutual agreement).

Reason for resigning:

 New Employment Other

Please explain: \_\_\_\_\_

\_\_\_\_\_

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

Resignation date acceptable to the company?

 Yes No

If "No", proposed resignation date: \_\_\_\_\_

Supervisor or management comments: \_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGMENT:**

Employee's signature: \_\_\_\_\_

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

Supervisor's signature: \_\_\_\_\_

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