

EMPLOYEE NOTICE OF RESIGNATION FORM

TO BE COMPLETED BY THE EMPLOYEE	
Name and Title:	Date:
Company Name:	
Please accept my voluntary resignation effective _____. (Date)	
Reason for resignation: <input type="checkbox"/> Received another job <input type="checkbox"/> Moving <input type="checkbox"/> Other (<i>please provide explanation below</i>) Explanation: _____ _____ _____	
Current address/forwarding address:	
Phone Number:	
Employee Signature:	

FAX ALL COMPLETED FORMS TO 888-783-8333
QUESTIONS? CONTACT THE HR SERVICE CENTER AT 888-892-8878