

Employee Resignation Form

Employee Name _____

Employee ID # _____

Title _____ Department _____

Worker Classification: Intern Exempt Non-Exempt Other

Effective Date of Action (*last day worked*) _____

Reason for Resignation (termination) _____

Planned Paid Time Off (PTO) _____
(Supervisor must notify HR/Payroll of any additional time taken prior to final pay)

Last Pay Information:

Direct Deposit Pay Stub Mailed To: _____

Pick Up Check _____

Mail Check Mail To: _____

Mail Check _____

Please Remember to have employee sign this form, recover keys, ID card, and parking Permit, etc. from employee when applicable.

Employee's Signature Phone Extension Date

Supervisor's Signature Phone Extension Date

Legal Disclaimer: The Employee Resignation Form is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes, and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.