

VOLUNTARY RESIGNATION FORM

Employee Name: _____
(Last) (First) (MI)

SSN #: _____

Client #: _____

This is to acknowledge and accept your resignation as (*position*) _____ in
(*department*) _____ received on (*date*) _____.

You have indicated that your anticipated last day of work will be (*date*) _____.

Employee Statement:

I have not suffered any injuries during my employment at _____.

Employee Signature: _____ ***Date:*** _____

Supervisor Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____