

TERMINATION / RESIGNATION FORM

EMPLOYEE INFORMATION

Employee Name: _____
Last *First* *M.I.*

Date: _____

(Circle One)

Termination or Resignation (Quit)

Reasons for termination

****NOTE** – Attach written resignation notice.

Effective Date: _____ Last day of work _____

SIGNATURES

Supervisor Signature: _____ Date: _____

Address to send W2: