

EMPLOYEE RESIGNATION FORM

Employee Name: _____ Employee ID: _____

Department: _____ Position/Title: _____

Supervisor/Manager: _____

Resignation Details:

Effective Date of Resignation: _____

I hereby submit my resignation from my position at the Company, to be effective as of the date specified above. I acknowledge that I have provided notice in accordance with Company policy and applicable law. I understand my responsibilities concerning the return of Company property and completion of any outstanding work or transition activities.

Reason for Resignation:

Employee Acknowledgements:

1. I confirm that I have returned or will return all Company property, including keys, devices, documents, and confidential information, by my last day of employment.
2. I understand that any outstanding compensation or benefits will be paid in accordance with Company policy and applicable laws.
3. I agree to maintain confidentiality of all proprietary Company information after my separation.
4. I acknowledge that the Company may contact me regarding any post-employment obligations or benefits.
5. I understand that this resignation is voluntary and that I am not under duress to provide this notice.

Exit Interview (To be completed by HR):

HR Representative Comments:

Employee

Final Checklist: - Return of Company Property - Completion of Outstanding Work - Benefits and Compensation Settlement - Other: _____

EMPLOYEE SIGNATURE

HR REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

acknowledges voluntary resignation and agreement to the stated terms. The Company reserves all rights and obligations as per applicable federal, state, and local employment laws.

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