Resignation Form

Part Time Employees & Substitutes

(Revised . 1.1)

Please check one:

Retire Resign Terminated Administrative Resignation Deceased

Personal Information

Full Name: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

_____

City State ZIP Code

HEB ID #: _____ Phone Number: _____

Date of Birth: ' U L Y H U ¶ V / L F H:(

_____ _____

Assignment: _____ Supervisor: _____

Reason for Resignation

_____

_____

_____

Last Date Worked: _____

(P S O R \ H H ¶ V 6 L J Q D W X U H _____ Date: _____

For Office Use Only

Received by Human Resources _____ Date _____