Auxiliary Services Human Resources • University of Massachusetts Amherst
810 Campus Center • One Campus Center Way • Amherst, MA 01003 • (413) 545-0570

EMPLOYEE RESIGNATION FORM

If you would like to speak with someone in the Human Resources Office before completing this form, please call us at 545-0570. We will make every effort to arrange a meeting as soon as possible.

Name:_____ Employee ID:_____

Department:_____

Job Title:_____ Resignation Effective:_____

FOR OFFICE USE ONLY

Last day of work per department (if different):_____

Home Address: _____

_____

Phone: _____

Reason for Resignation:

_____

_____

_____

_____

I certify that this resignation is executed by me voluntarily and of my own free will.

_____
Employee's Signature Date

_____
Manager's Signature Date

cc: Auxiliary Services Human Resources
Employee