



UNIVERSITY OF CENTRAL FLORIDA *Resignation Form*

I _____, tender my resignation, effective at close of business on _____
(Employee Name) (mm/dd/yy)

for the following reason: (please check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Family Reasons | <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Return to School |
| <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Relocation | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Transportation Problems | <input type="checkbox"/> Other Position <small>(outside of UCF)</small> | <input type="checkbox"/> Transfer within UCF <small>(new dept completes ePAF)</small> |
| <input type="checkbox"/> Other _____ | | |

I certify that this resignation is executed by me voluntarily and of my own free will, and that I desire to discontinue my services at the University of Central Florida. This resignation is not given or executed due to any threat, force, duress, menace, or undue influence of any kind, by any person or persons whomsoever.

Supervisor's Response (do not complete for transfers within UCF) - **Must be completed if the employee provides less than two weeks' notice:**

- I accept the above resignation. The employee **is** eligible for rehire.
- I accept the above resignation. The employee **is not** eligible for rehire.

Employee's Acknowledgment (do not complete for transfers within UCF) - **Must be completed if the employee provides less than two weeks' notice:**

My supervisor has advised me of the University's resignation policy. I understand that:

- I **am** eligible for rehire. I **am not** eligible for rehire.

Signature Section - Supervisor and employee signatures are required.

Signature of Supervisor	Print Name	Date
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Signature of Employee	Print Name	Date
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Employee ID	Department Name
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Attach to: Electronic Personnel Action Form (ePAF)
Copy to: Employee
 Department File