



UNIVERSITY OF CENTRAL FLORIDA
Resignation Form

I, the undersigned, hereby tender my resignation effective at the close of business on \_\_\_\_\_ for the following reason: (please check one)

- Family Reasons, Health Reasons, Return to School, Personal Reasons, Relocation, Retirement, Transportation Problems, Other Position (outside of UCF), Other, Transfer within UCF (new dept completes ePAF)

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.

Note: An employee's resignation date is normally the last day during which the employee works at least one-half of the working day. Any exception to this specific provision must be approved in advance by the Director of Human Resources or designee.

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

Signature of Employee, Print Name, Date

Employee ID, Department Name

Original to: Human Resources Records Section - Attach to electronic Personnel Action Form (ePAF)
Copy to: Employee Department File