



UNIVERSITY OF CENTRAL FLORIDA
Resignation Form

I, _____ tender my resignation for the following reason(check one below).
(Employee Name)

My last day of work will be on _____.
(mm/dd/yy)

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

Signature of Employee, Print Name, Date

Employee ID, Department Name

Attach to: Electronic Personnel Action Form (ePAF)
Copy to: Employee
Department File