

Resignation Form

Employee Resignation Information

I, _____ (employee name), tender my resignation for the following reason (check one below). My last date of work will be on _____ (mm/dd/yy).

Resignation Reason

- | | | |
|---|-------------------------|---------------------------------|
| Family Reasons | Health Reasons | Return to School |
| Personal Reasons | Relocation | Other Position (Outside of UCF) |
| Transfer within UCF (new dept completes job action. HRBC, do not submit end job action) | | |
| Other | Transportation Problems | |

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

*Must be completed if the employee provides **less than two weeks' notice**. Do not complete for transfers within UCF.*

I accept the above resignation. The employee is eligible for rehire.

I accept the above resignation. The employee is **not** eligible for rehire. By marking the employee ineligible for rehire, the employee will be ineligible for rehire within the entire university.

Employee Acknowledgement

*Must be completed if the employee provides **less than two weeks' notice**. Do not complete for transfers within UCF.*

My supervisor has advised me of University of Central Florida'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.

Supervisor Name:

Department:

Supervisor Signature:

Date:

Employee Signature

Date: