

Employee Resignation

Employee Name: _____ Date: _____

Worksite Employer: _____ Company Code: _____

TS File#: _____ Paygroup: _____ Position: _____

I have decided to resign from my employment, effective _____.
I understand that I will be paid all money (monies) due me in accordance with company policy.
Further, I understand that my group insurance coverage, if applicable, terminates. Thereafter, continuation of my health benefits coverage is subject to the provisions of COBRA.

I have reported all work-related accidents that may have occurred while I was employed by the company and to the best of my knowledge I am not currently suffering from any work-related injury or illness. Further, I brought any complaints that I may have had regarding any supervisors or co-workers or their treatment of me to the company's attention, and any such complaints have been resolved.

I have tendered my resignation because of _____ and have signed this form voluntarily.

Employee Name: _____

Employee Signature: _____

Address to which W2 should be sent:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Worksite Employer: _____ Company Code: _____

Supervisor: _____ Date: _____