

# 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: \_\_\_\_\_