

NOTICE OF RESIGNATION

Iowa State University "

Employee Name: _____

Employee University ID#: _____

Employee University email address: _____

Employee forwarding address (email & mail): _____

Supervisor Name: _____

Department: _____

Last Day Worked: _____

Reason for leaving:

Retirement

Accepted Other Employment

Accepted Academic Position

Education/Return to School

Graduation

Military Service

Personal

Non-competitive Salary

Spousal/Partner Employment

Other

Comments:

Terminal Leave Info (to be provided and/or verified by employing unit:)

_____ hrs. regular vacation

_____ hrs. converted vacation

_____ hrs. sick leave (retirement only)

Employee's signature: _____

Date: _____

Please return completed form to your supervisor.