The Employee Management Team EMT

*Make your workplace work better*

**CLIENT COMPANY**_____

## EMPLOYEE RESIGNATION

**CLIENT NAME** _____ **Date** _____

**EMPLOYEE NAME** _____

**DEPARTMENT** _____ **POSITION** _____

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## Resignation Notice

I have decided to resign from my position with the Company and my last day of employment will be _____ I understand that I will be paid all money due to me in accordance with the company policy and the law. Further, I understand that my health insurance benefits, if applicable, will be terminated. Thereafter, continuation of my health insurance benefits coverage is subject to the provision of COBRA.

I have reported all work-related injuries that may have occurred while I have been employed by the Company and top the best of my knowledge I am not suffering from any work-related injury or illness. Further, I have provided any complaints that I may have had regarding any supervisors, co-workers or their treatment of me to the Companies attention and any such complaints have been resolved.

**I have submitted my resignation due to:** Health ☐ Personal ☐ Other ☐

If Other, Please Explain _____

**EMPLOYEE SIGNATURE** _____ **DATE** _____

**PRINTED NAME** _____ **SS#** _____

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**FOR COMPANY USE ONLY**

**Date Accepted** _____

**Accepted By** _____ **Date** _____

**Supervisor Signature** _____ **Date** _____