## TERM CONTRACTS RESIGNATION

DMAC (EXHIBIT)

## COLLEGE OF THE MAINLAND EMPLOYEE RESIGNATION FORM

Employee Name:	Datatel ID:
Employee Title or Position:	_ Dept.:
Date of Resignation Notice:/	
Requested Effective Date of Resignation:/	
Reason for Resignation:	
Retirement Other Employment	
Moving Personal Reasons	
Employee Signature	Date
OFFICIAL USE ONLY	
Approval:	
President or designee	Date
Accepted Resignation Effective Date://	

DATE ISSUED: 11/21/2011

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