

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: ____/____/____