



EMPLOYEE RESIGNATION FORM

Employee: _____

Social Security Number (last 4 digits only): XXX-XX-_____

Position/Title: _____

Resignation Effective Close of Business on (mm/dd/yyyy): _____

Reason for Resignation:

I certify that this resignation is executed by me voluntarily and of my own free will.

Employee Signature

Date

Please be aware that we will send your final W-2 tax statement to the address that we have on file. Should you relocate, you will want to update your address with us to ensure timely receipt of this document.

Please do one of the following:

- fax this signed and dated form to 231-924-8910,
- e-mail a scanned copy with your signature and date to cto@ncresa.org, **OR**
- mail this signed/dated form to: NC RESA
Human Resources Department
4747 W. 48th Street
Fremont, MI 49412

FOR NC RESA HUMAN RESOURCES USE ONLY:

Last day of work (if different from above): _____

Accepted by: _____
Signature Date