

RESIGNATION/RETIREMENT FORM

Date:			
I	I,		
am	n RESIGNING 🗆		
from	n		
	Title	Title of Current Position	
Effective:			
	At Close of Business*		
	*For retirees, this date should be the d	ay after your last day of work.	
Print Name:			
Signature:			
Address:			
Phone:			
Personal Email:			

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