

# Voluntary Resignation Form

I have decided to resign from my employment, effective \_\_\_\_\_.  
I understand that I will be paid all money (monies) due me in accordance with company policy. Further,  
I understand that any employee benefits, if applicable, will terminate.

I have reported all work-related accidents that may have occurred while I was employed by the  
company and to the best of my knowledge I am not currently suffering from any work-related injury or  
illness. Further, I brought any complaints that I may have had regarding any supervisors or co-workers  
or their treatment of me to the company's attention, and any such complaints have been resolved.

I have tendered my resignation because of \_\_\_\_\_  
and have signed this form voluntarily.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ SS #: \_\_\_\_\_

Address to which W-2 should be sent:  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_