

Resignation Form

Employee Resignation Information

If you are transferring into another position at the University, please do NOT complete this form.

I, (employee name), tender my resignation for the following reason (check one below). My last date of work will be on (mm/dd/yy).

Resignation Reason

Family Reasons	Health Reasons	Other Position (Outside of UCF)
Personal Reasons	Relocation	Retirement
Return to School	Other	

I certify that this resignation is executed by me voluntarily and of my own free will, and that I desire to discontinue my services at the University of Central Florida. This resignation is not given or executed due to any threat, force, duress, menace, or undue influence of any kind, by any person or persons whomsoever.

Supervisor's Response

*Must be completed if the employee provides **less than two weeks' notice** or if UCF College of Medicine Faculty or A&P staff with patient care responsibilities provides **less than three months' notice**.*

I accept the above resignation. The employee is eligible for rehire.

I accept the above resignation. The employee is not eligible for rehire. By marking the employee ineligible for rehire, the employee will be ineligible for rehire within the entire university.

Employee Acknowledgement

*Must be completed if the employee provides **less than two weeks' notice** or if UCF College of Medicine Faculty or A&P staff with patient care responsibilities provides **less than three months' notice**.*

My supervisor has advised me of University of Central Florida's resignation policy. I understand that:

I **am** eligible for rehire.

I am not eligible for rehire.

Signature Section

Supervisor and employee signatures are required.

Supervisor Name:

Department:

Supervisor Signature:

Date:

Employee Signature:

Date: