

Missouri State™

U N I V E R S I T Y

Separation from Employment

Resignation

Retirement

Instructions: Employee completes form and forwards form to Department Administrator for approval. After signing the form, the Department Administrator forwards it to the Human Resources Department.

I, the undersigned, submit my resignation/retirement from employment from the position as

_____ (Title)

in the

_____ (Department)

effective at the close of business on

for the following reason:

_____ (Date)

This resignation/retirement is submitted voluntarily.

(Employee Signature)

(Print Name)

(Address)

(City, State and Zip)

(Date)

Accepted by:

(Department Administrator)