

HOPE COLLEGE RESIGNATION FORM

DATE:

NAME:

SOC. SEC. #:

CHECK ONE:

_____ Secretarial/Clerical/Technical

_____ Maintenance/Custodial/Public Safety

_____ Administrative

I hereby submit this resignation from my job at Hope College. I agree to participate in an exit conference at the Human Resources Office prior to my final day of employment. At that conference my remaining wage payment(s) and benefits expiration will be finalized. I also agree to provide the Human Resources Office my employee I.D. and Staff Handbook. All other College property will be returned to my supervisor by my final work date. I submit this resignation voluntarily and therefore waive my rights for unemployment benefits from Hope College. The following reason(s) are given for my resignation:

_____ Accept other employment _____ Job Dissatisfaction

_____ Moving to a new location _____ Retirement

_____ Medical/health reasons _____ Attend school

_____ Personal reasons _____ Mutually satisfactory release

_____ Other: (explain)

My final day of actual work is: _____

Signature: _____

Home Address: _____
