



Voluntary Termination Form

Employee Name: _____ EIN# _____

Agency: _____ Division: _____

I am voluntarily resigning from my position effective _____ (last working
day) for the following reasons: _____ (Date)

Signature: _____ Date: _____

Per DHRM rule R477-7-1(8)(d) "Leave cannot be used or accrued after the last day worked, except for FMLA or other medical reasons..."