



Business Affairs
Human Resources

3274 Radio Road
Bldg. 701
PO Box 117700
Gainesville, FL 32611-7700
352-392-2333
352-846-2043 Fax

Notice of Voluntary Resignation

Date: _____ UFID#: _____

Employee Name: _____

Please accept my resignation from the position of _____,
(Position Title)
with the, _____ Department.
(Department Name)

The effective date of my resignation is _____. The reason for my resignation is:
(Effective Date)

_____.

Sincerely,

(Employee Signature)

I would like to have an exit interview with Human Resources: ____ YES ____ NO.

Your resignation is final and irrevocable. This serves as confirmation that your resignation has been accepted.

(Supervisor Name, Signature, and Title) (Date)

****Employee is to be given a copy of the document with the supervisor's signature on it.**

August 2022