

## California State University, Sacramento

## **VOLUNTARY RESIGNATION**

Date:					
То:	(Supervisor)				
Ι,	(Employee's Nam		wish to v	oluntarily resig	n from my position as
	(Employee e Nam	,	at California	Ctota Universi	ity Caaramanta
	(Position)		_ at Calliornia	a State Univers	ity, Sacramento
			, effective		
	(Department)			(Date)	_
My las	st working day	will be:	<del></del>		
			(Date)		
	<u>Rea</u>	sons for volu	ntary resigna	ation: (check a	ill that apply)
	☐ New Employ	ment Opportu	ınity	☐Dissatisfied with job	
☐ Better Pay				☐ Personal Reasons	
	Relocation			Other:	
	☐ Pursue furth	er Education			
Employee:					Date:
	(Signatur	re)			
sign a	Check-Out & 0	Clearance for forms are ava	m upon sepa	ration before t Payroll Office	e required to complete and the final pay warrant is in Del Norte Hall, Room 3006
		Ackr	nowledgeme	ent of Receip	t
Depar	tment:(Signatur	e)			Date:
					Date:
		(Signatu	re)		
Huma	n Resources:	(Signature)			Date:
		(Signature)			