



EMPLOYEE RESIGNATION FORM

If you would like to talk to someone in Human Resources before completing this form, please call 877-855-7264 option 8.

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security Number (last 4 digits only): _XXX – XX – _____

District: _____ Position or Title: _____

Resignation Effective Close of Business on (mm/dd/yyyy): _____

Reason for Resignation:

I certify that this resignation is executed by me voluntarily and of my own free will.

Employee Signature

Date

Please be aware that we will send your final W-2 tax statement to the address that we have on file. Should you relocate, you will want to update your address with us to ensure timely receipt of this document.

Please fax this signed and dated form to **517 647-5257** or you can email a scanned copy with your signature and date to HR@pcmiservices.com or you can mail this form to:

PCMI
P.O. Box 516
Portland, MI 48875

FOR PCMI HUMAN RESOURCES USE ONLY

Last day of work per department (if different from above) _____

Accepted by

Date