

Employee Resignation Form Online

Employee Name: _____

Employee ID: _____

Position/Title: _____

Department: _____

Date of Submission: _____

Last Working Day: _____

Reason for Resignation:

- Career Change
- Relocation
- Health Issues
- Education/Training
- Personal Reasons
- Other: _____

Contact Details for Communication After Resignation:

Phone: _____

Email: _____

Confirmation:

I have reviewed the resignation terms and will comply with company policies during my notice period.

Employee Signature: _____

Date: _____