

Employee Voluntary Resignation Form

Employee Name: _____

Employee ID: _____

Position/Title: _____

Department: _____

Date of Submission: _____

Effective Last Working Day: _____

Reason for Resignation:

- Better Career Opportunity
- Personal Reasons
- Relocation
- Health Concerns
- Further Studies
- Other: _____

Forwarding Address:

Street: _____

City: _____

State: _____ Zip Code: _____

Contact Information After Resignation:

Phone: _____

Email: _____

Acknowledgment:

- I confirm all company property, including IDs and equipment, will be returned by my last working day.
- I acknowledge that all pending dues or obligations will be settled before my departure.

Employee Comments (Optional):

Employee Signature: _____

Date: _____

Manager/HR Approval:

Name: _____

Signature: _____

Date: _____