ABC Exhibit 4-12A
Revised 1/2013

Notification of Resignation

TO: Administrator
ABC Board

DATE: _____

FROM: _____
Employee Name

SSN: XXX-XX- _____

CLASS/
JOB TITLE: _____
Example: ABC Sales Associate I

DIVISION/
LOCATION: _____
Stores Division Employees must include Store Number

SUBJECT: Voluntary Resignation

I hereby resign my position with the ABC Board effective close of business: _____

My reason(s) for resigning is/are as follows:

My signature acknowledges that my decision to resign is being made of my own free will and volition and without any coercion or outside influence. I understand that in order to ensure favorable consideration for reemployment with the ABC Board I am required to provide at least a two (2) weeks advanced notice and resign in good standing without the prospect of pending disciplinary action.

I understand that if I am resigning to accept another position in state service, I must coordinate with the ABC Personnel Division Office to ensure adherence with proper separation procedures as outlined under ABC Personnel Policies and Procedures Chapter ABC-4-12 Employee Separations.

_____
(Employee's Signature)

_____
(Receiving Supervisor's Signature)

DISTRIBUTION OF COPIES: Original - ABC Personnel Director, Copies to Division Head, Immediate Supervisor and Employee.