

EMPLOYEE VOLUNTARY RESIGNATION NOTIFICATION FORM

HUMAN RESOURCE SERVICES • BOISE STATE UNIVERSITY • MAIL STOP 1265
1910 University Drive • Boise • Idaho • 83725-1265 • (208) 426-3648

As soon as you have made a decision to resign, please complete and submit this form to your immediate Supervisor. If you have any questions regarding this form or would like an in person exit interview, please contact Tiffany Trader at 426-3648. We will make every effort to arrange a meeting at your earliest convenience.

Employee Name: _____ Employee ID: _____ Ext #: _____

Employee Title: _____ Department: _____

Personal Email : _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Supervisor Name: _____ Supervisor Title: _____

Last Day Worked (Employee may not use leave after the last day worked): _____

Other Information: _____

Primary Reason for Resignation (Check only one)

- Another Position w/ New Employer
 - Federal City County Private Sector School District
 - Transfer to Another State Agency Agency: _____ Date: _____
- Military
- Personal Reasons
- Retirement

This form constitutes my voluntary resignation from Boise State University.

Employee Signature

Date

Supervisor Signature*

Accepted Date

*After Supervisor approval, please return this form to Human Resource Services at mail stop 1265 or fax to 426-3100.