

Resignation Form
Part Time Employees & Substitutes
(Revised 7.31.19)

Ρ	lease	chec	k	on	e:

□Retire □	∃Resign	□Terminat	ed [☐Administrative I	Resignation	□Deceased
		Per	sonal I	nformation		
Full Name:	Last			First		M.I.
Address:	Street Address					Apartment/Unit #
	Street Address					<i>Арантени</i> Отн. #
	City				State	ZIP Code
HEB ID #:				Phone Number:		
Date of Birth:				Driver's License N	Number:	
Home Email A	ddress:					
		J	lob Info	ormation		
Campus/Department:				Position:		
Assignment:				Supervisor:		
				Resignation		
Last Date Wor	ked:					
					_	
Employee's Signature:					Date:	
		Fo	r Office	e Use Only		
Received by H	luman Resou	irces			Date	
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