



Voluntary Termination Form

Employee Name: _____ EIN #: _____

Agency: _____ Division: _____

I am voluntarily resigning from my position effective _____ (last
working day) for the following reasons: _____

Signature: _____ Date: _____

Per DHRM rule R477-7-1(8)(c) “Annual, sick and holiday leave may not be used or accrued after the last day worked...”