

Employee Resignation

I have decided to resign from my employment, effective _____. I understand that I will be paid all money (monies) due to me in accordance with company policy. Further, I understand that my group insurance coverage, if applicable, terminates. Thereafter, continuation of my health benefits coverage may be subject to the provisions of COBRA.

I have reported all work related accidents that may have occurred while I was employed by the company and to the best of my knowledge I am not currently suffering from any work-related injury or illness. Furthermore, I brought any complaints that I may have had regarding any supervisors or co-workers or their treatment of me to the company's attention and any such complaints have been resolved.

I have tendered my resignation because of _____ and have signed this form voluntarily.

Employee Information	
Name:	Date:
Signature:	SSN:
Address to which W-2 should be sent	
Worksite Employer:	Company Code:
Supervisor Name:	
Supervisor Signature:	Date:
Witness Signature:	Date:

EMAIL TO HUMAN CAPITAL: HR@human-capital.com