

FACILITIES MANAGEMENT

LETTER OF VOLUNTARY RESIGNATION

I, _____, voluntarily resign my position as
(Print name)

_____, in the _____ of
(Title) (Unit/shop)

Facilities Management/University of Maryland, effective at the close of business on

_____. I am a _____ employee.
(date) (Regular status, Contingent I, Contingent II, Student)

My UID is: _____

My reason for leaving is (*please select ONE*):

- | | |
|---|---|
| <input type="checkbox"/> For Better Paying Job | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Commuting Problems |
| <input type="checkbox"/> Health | <input type="checkbox"/> Further My Education |
| <input type="checkbox"/> Military Service | |
| <input type="checkbox"/> Transfer to another UM Dept./Institution/State Agency: _____ | |
| <input type="checkbox"/> Other (Please specify): _____ | |

Following is my address for mailing my final paycheck (if not direct deposit), etc.:

_____ (include apartment number)
Street Address

City, State, Zip Code

My signature on this form indicates my decision to voluntarily resign my position (even when done in lieu of discharge). **I do so with the understanding that the grievance process shall not be available to me to review this action, nor shall I be permitted to revoke this resignation once signed.**

Signature

Date

Witness

Date

**SEND ORIGINAL FORM IMMEDIATELY UPON COMPLETION TO:
FM Human Resources**