

BALL STATE UNIVERSITY

Resignation Form

Check One:

Service Personnel Staff Personnel Today's Date: _____
 Professional Personnel Faculty BSU ID Number: _____
Supervisor's Name: _____

I, _____, wish to resign from my job as
Name (Print)

_____ in the _____
Title Department

at Ball State University for one of the following reasons: **(Please check appropriate box or boxes.)**

- To accept other employment
- Illness – Are you presently receiving disability benefits? Yes: ____ No: ____
- Personal reasons
- To enter self-employment
- To enter military service
- To return to school
- Family reasons
- Leaving town
- Working conditions
- Resigned in lieu of termination
- Other: _____

My last day of actual work will be _____

I certify that I have returned all property belonging to Ball State University.

_____ Do you wish to leave a forwarding address?
Signature

_____ Forwarding Address
Current Address

_____ City, State, Zip _____ City, State, Zip

*Please contact HR to schedule an exit interview, if you wish to do so.

FOR HUMAN RESOURCE USE ONLY

Received by: _____ Insurance Explained: I.D. Attached:
Notes: _____