

EMPLOYEE RESIGNATION FORM

If you would like to talk to someone in Labor and Employee Relations before completing this form, please let us know. We will make every effort to arrange a meeting at this time or we will schedule an appointment for you as soon as possible.

Name: _____ UIN: _____

Department: _____

Classification: _____ Position Number: _U_____

Resignation Effective Close of Business: _____

FOR STAFF HUMAN RESOURCES USE ONLY

Last day of work per department (if different) _____

HOME ADDRESS

Address: _____

Phone : _____

Reason for Resignation:

I certify that this resignation is executed by me voluntarily and of my own free will.

Employee Signature Date

Accepted Date

cc: Staff Human Resources
Employee
Department
Civil Service System

EXIT INFORMATION CHECKLIST

The employee has been given SURS Separation Refund Fact Sheet for information regarding the withdrawal of contributions.

The employee has been advised that the University Payroll and Benefits Service Center (177 Henry Administration Building, 506 South Wright Street) will send him/her information on insurance conversion options. Employee is welcome to contact them if any questions in the meantime.

The employee has been advised to contact Business Affairs (125 Henry Administration Building) if he/she owes money to the University. **All debts must be paid or payment arrangements made before an employee leaves campus.**

The employee has been advised to return all library books before leaving the campus.

The employee has been advised to return all equipment, computers, name tags, tools, uniforms, etc., that are property of the employing department and to check with his/her supervisor for proper procedures.

The employee has been advised to contact the Illinois Department of Employment Security concerning eligibility for unemployment compensation and given an informational pamphlet.

The employee has been advised to notify the University Payroll and Benefits Service Center (177 Henry Administration Building, 506 South Wright Street) if he/she will be changing his/her address before the University mails W-2 form in January.

The employee has been advised that his/her name will be removed from all registers in accordance with Civil Service Rule 250.60(h)(2). Future consideration for employment is contingent upon a satisfactory past employment history. Employees may discuss employment options by making an appointment with a Human Resource Specialist.

The employee has been asked if he/she is accepting another position with the University of Illinois or an allied agency. (If so, check appropriate box)

- faculty academic/professional graduate assistant state agency
 academic hourly other University under SUCSS _____

The employee has been advised to return his/her employee photo identification card to Personnel Services or the Photo ID Center (2nd floor Illini Union Bookstore) by the last day of work. **Any services available by using the identification card will cease effective the date of the employee's resignation.**

Special Note: Access to the campus computer network both at CITES and AITS will be terminated. If you will be affiliated with the University in some other capacity (such as a student or academic employee) future access should be discussed with your new department or the Office of Computing and Communications Services to determine account eligibility.

I have read and understand the above information. I understand that it is my responsibility to take any necessary action.

Employee Signature Date