



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):

- For Better Paying Job, Retirement, Health, Military Service, Transfer to another UM Dept./Institution/State Agency, Other (Please specify), Relocation, Commuting Problems, Further My Education

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/1301 Service Building