



BOUNDARY
Community Hospital
RESIGNATION FORM

This document should be:

- 1. Completed and signed by the employee*
 - 2. Submitted to his/her supervisor/manager*
 - 3. Turned into Human Resources office as soon as possible*
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I, _____, wish to submit my resignation as a
(job title) _____ in the _____
department.

I am giving a 2 week notice ____ 4 week notice ____

My last day of work will be: _____

My reason for resigning is (please be specific):

Please list forwarding address where your W-2 form can be sent at the end of the year.

Employee Signature

Date

Department Manager Signature

Date