NOTICE OF RESIGNATION

The University of Tennessee
Institute of Agriculture

TO: Supervisor

I hereby tender my resignation from the position of _____

in _____ department or location, and my last day of work

will be *_____, 19___.

Reason: _____

_____

_____

*(Do not include accrued leave. This will be included on terminating PAF.)

_____ _____
Employee's Signature Date

* *

On behalf of the University of Tennessee, I accept your resignation.

_____ _____
Supervisor's Signature Date

(Prior to completion of the section for "Supervisor's Use Only" below, please provide the resigning employee a copy of this acceptance.)

* *

Supervisor's Use Only:

Evaluation of employee's work performance:

_____

_____

_____

Would you rehire this employee? _____

Will vacancy be filled? _____

_____ _____
Supervisor's Signature Date

Attach to PAF

ADM F-55 (Rev. 9/97)