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

_____ _____
Current Address Forwarding 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: _____