



UNIVERSITY OF CENTRAL FLORIDA
Resignation Form

I, the undersigned, hereby tender my resignation effective at the close of business on 4/3/13 for the following reason: (please check one)

- Family Reasons, Personal Reasons, Transportation Problems, Other, Health Reasons, Relocation, Return to School, Retirement, Other Position (outside of UCF), Transfer within UCF

I certify that this resignation is executed by me voluntarily and of my own free will, and that I desire to discontinue my services at the University of Central Florida.

Note: An employee's resignation date is normally the last day during which the employee works at least one-half of the working day.

Supervisor's Response (do not complete for transfers within UCF) - Must be completed if the employee provides less than two weeks' notice:

- I accept the above resignation. The employee is eligible for rehire.
I accept the above resignation. The employee is not eligible for rehire.

Employee's Acknowledgment (do not complete for transfers within UCF) - Must be completed if the employee provides less than two weeks' notice:

My supervisor has advised me of the University's resignation policy. I understand that:

- I am eligible for rehire.
I am not eligible for rehire.

Signature Section - Supervisor and employee signatures are required.

J. R. Owens
Signature of Supervisor

Sharon Ekern
Print Name

4/3/13
Date

Suzanne Halpin
Signature of Employee

Suzanne Halpin
Print Name

4/3/13
Date

0102640
Employee ID

Student Union
Department Name

Original to: Human Resources Records Section - Attach to electronic Personnel Action Form (ePAF)
Copy to: Employee Department File

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