

Declaration of Intent to Resign

Please complete this form to formally declare your intention to resign from your current position.

Date:

Employee Name:

Employee ID (if applicable):

Department/Position:

Manager/Supervisor:

Intended Last Working Day:

Reason for Resignation (optional):

Declaration:

I, [Enter your name], hereby formally declare my intention to resign from my position at [Company Name], effective from my intended last working day stated above. I will do my best to ensure a smooth transition of my responsibilities.

Signature:

Date Signed:

Submit