

UNO-7

Office of Human Resource Management

UNIVERSITY OF NEW ORLEANS

Lakefront

New Orleans, Louisiana 70148

RESIGNATION of Classified Employee

I, the undersigned, hereby resign from my position classified as:

effective at the close of business on: _____

for the following reason(s):

I certify that this resignation is executed by me voluntarily and of my own free will and desire to discontinue my services with the University of New Orleans and the Louisiana State University system. I also certify that this resignation is not given or executed by reason of any threat, force, duress, menace, or undue influence of any kind by any person or persons whomsoever.

SIGNATURE OF EMPLOYEE EMPLOYEE ID DATE

Address: _____

Accepted by: _____
DEPARTMENT HEAD DATE

Please check if signed copy of accepted resignation delivered or mailed to employee.

To meet Civil Service requirements, resignation must be accepted, signed and dated by the Department Head with the employee receiving an accepted and signed copy.

UNO Distribution:

- 1) Return **one** copy to Employee- signed and dated by Department Head
- 2) Forward **original and one copy** to Human Resource Management with UNO-1 Personnel Action.
- 3) Retain **one** copy for Department files.