



# EMPLOYEE RESIGNATION FORM

*If you would like to talk to someone in Human Resources before completing this form, please call 713-313-7521.*

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

POSITION OR TITLE: \_\_\_\_\_

RESIGNATION EFFECTIVE DATE (MM/DD/YYYY): \_\_\_\_\_

COMMENTS:

**I certify that this resignation is executed by me voluntarily and of my own free will.**

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

## Contact Information:

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_