EMPLOYEE RESIGNATION FORM

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security Number (last 4 digits only): _XXX – XX – _____ willSub ID:_____

District: _____ Position or Title:

Resignation Effective Close of Business on (mm/dd/yyyy): _____/_____/_____

Reason for Resignation:

_____

_____

_____

I confirm that my resignation is on my own choice, made of my own free will and without being pressured or coerced by any person associated with PCMI Services or otherwise. Further, I state that I understand that I am notrequired to resign now or at any time, and that I may consult with an attorney or any other person of my choosing before resigning.

_____

Employee Signature Date

Please be aware that we will send your final W-2 tax statement to the address that we have on file. Should you relocate, you will want to update your address with us to ensure timely receipt of this document.

Please email a scanned copy with your signature and date to Pcmicustomerservice@pcmiservices.com or you can mail this form to:

PCMI attn: Customer Service P.O. Box 516 Portland, MI 48875

PRINT SAVE AS

FOR PCMI HUMAN RESOURCES USE ONLY

Last day of work per department (if different from above) _____

_____

Accepted by Date