

**FACILITIES MANAGEMENT  
LETTER OF VOLUNTARY RESIGNATION**

I, \_\_\_\_\_, voluntarily resign my position as  
(Print name)

\_\_\_\_\_, in the \_\_\_\_\_ of  
(Title) (Unit/shop)

Facilities Management/University of Maryland, effective at the close of business on

\_\_\_\_\_. I am a \_\_\_\_\_ employee.  
(date) (Regular status, Contingent I, Contingent II, Student)

My UID is: \_\_\_\_\_

My reason for leaving is (*please select ONE*):

- |   |   |
|---|---|
| <input type="checkbox"/> For Better Paying Job  | <input type="checkbox"/> Relocation           |
| <input type="checkbox"/> Retirement   | <input type="checkbox"/> Commuting Problems   |
| <input type="checkbox"/> Health   | <input type="checkbox"/> Further My Education |
| <input type="checkbox"/> Military Service   |   |
| <input type="checkbox"/> Transfer to another UM Dept./Institution/State Agency: _____ |   |
| <input type="checkbox"/> Other (Please specify): _____                                |   |

Following is my address for mailing my final paycheck (if not direct deposit), etc.:

\_\_\_\_\_ (include apartment number)  
Street Address

\_\_\_\_\_  
City, State, Zip Code

My signature on this form indicates my decision to voluntarily resign my position (even when done in lieu of discharge). **I do so with the understanding that the grievance process shall not be available to me to review this action, nor shall I be permitted to revoke this resignation once signed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**SEND ORIGINAL FORM IMMEDIATELY UPON COMPLETION TO:  
FM Human Resources/1301 Service Building**