

NOTICE OF RESIGNATION AND TERMINATION

| | |
|---|-----------------|
| Employee: | Effective Date: |
| Department: | |
| Please check box to indicate you have received and pass along to the next person. Please return this form to Payroll Department once all parties have checked. <input type="checkbox"/> Payroll <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Pharmacy <input type="checkbox"/> Health Information <input type="checkbox"/> Business Office | |

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