



RESIGNATION OF EMPLOYMENT

Name				Social Security Number				Date					
Service/Department						Supervisor/Principal Investigator				Extension		Mail Stop Code	
Notice of Resignation Effective						Indicate Last Work Day						Exit Interview Scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Indicate Reason(s) For Resigning:													
FORWARDING ADDRESS (For year-end earnings statements)													
Street						City				State		Zip Code	
Phone Number						Personal Email Address							
Print Name						Signature				Date			

Exhibit 2.36(2)/file 236(2).doc