



The Office of Human Resources

Retirement/Resignation Notice

Employee ID Number (6 Digits)

Name (First Middle Last)

Campus Phone Ext

Department

This signed document serves as official notice that I will Retire Resign
from my employment at The College of New Jersey.

Retirement/Resignation Date
(Last day worked on campus)

Employee Signature

Current Date

Please complete and forward the original copy to the Office of Human Resources.
Please provide a copy of the document to your immediate supervisor.