



Resignation Form

Employee Information

Name:		Emp ID:	
Designation:		Campus:	
Department:		DOJ:	
Last Working Day:		Application date:	

Other Details

Reason of resignation: _____

Advance Notice Given Served Not Served

Leave Balance Casual _____ Earned _____

Resign submitted during leave Yes No

Leave Period (In case of Yes) From _____ To _____

Medical OPD Balance (Accounts) _____

Campus HR (reference HR Manual)

Clause	Sub clause	Contents

Remarks: _____

Name: _____ Signature: _____ Date: _____

Campus Recommendations

	Signature	Date
Reporting Officer Name: _____ Remarks: _____		
Director Name: _____ Remarks: _____		

Head Office

HR-HQ Name: _____ Remarks: _____		
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Registrar

Recommended Not Recommended Signature: _____ Date: _____

Remarks: _____

Rector Approved Not Approved Signature: _____ Date: _____

Remarks: _____