



995 Worthington Street, Springfield, MA 01109
Telephone (413)734-5376 Fax (413) 737-7949

VOLUNTARY RESIGNATION

I, _____, hereby resign my position as
_____ from Mental Health Association Effective
_____.

My reason(s) for voluntarily resigning my job is (are):
(Please check all reasons that apply):

- Relocation
- Illness
- to seek other employment
- have obtained other employment
- to return to school
- Personal/family business
- Dissatisfied with pay, hours of work, working conditions, type of work (Please comment briefly in comment section below).
- Retiring
- Other reasons

Comments: _____

Amount of notice being given:

_____ days _____ weeks _____ none

Signature: _____

Date Signed: _____