

POLICY TYPE: HUMAN RESOURCES STANDARDS
(HRS) POLICY TITLE: EMPLOYEE RESIGNATION/TERMINATION



APPENDIX 24: END OF EMPLOYMENT FORM

This will confirm that _____ has resigned
(name of employee)

as an employee of Lifetime Networks effective _____ .
(date)

Record of Employment requested: Yes No

I hereby authorize Lifetime Networks to release any of my employment details, information and copies of documents pertaining to myself to any individuals, firms, corporations, government or other regulatory departments and police departments or other organizations with regards to references for my future employment. I understand that these references and documents will be disclosed in strict confidence.

The implications of this waiver have been explained to me. I understand and consent to them. I further agree that this waiver is made of my own free will and without duress.

Signature of Applicant:

Printed Name:

Date:

INTERNAL USE ONLY

Letter of Resignation and End of Employment to Administrative Assistant

Notification to Payroll including End of Employment