



STATE GRADUATE ASSISTANT RESIGNATION FORM

If you would like to talk to someone in Human Resources before completing the form, please call (315)470-6616.

Last Name: _____ First Name: _____

Social Security Number (last 4 digits only): XXX-XX-_____

Department: _____

I wish to resign my State Graduate Assistantship for:

_____ Fall semester _____ Spring semester
(Year) (Year)

***Please **DO NOT PUT DATE HERE** if you have checked fall or spring semester above.

*****Put date here ONLY IF you are resigning before the end of the semester:**

Effective date of resignation _____ (last day of work)

I certify that this resignation is executed by me voluntarily and of my own free will.

Employee Signature

Date Signed

Please be aware that we will send your final W-2 tax statement to the address that we have on file. Should you relocate, you will want to update your address with payroll.

Please fax this signed and dated form to (315)470-6953, email a scanned copy with your signature and date to rryan@esf.edu or you can mail this form to:

SUNY ESF, Attn: Regina Ryan, 1 Forestry Drive, 216 Bray Hall, Syracuse, NY 13210

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Last day of work per department (if different from above) _____

CC: Payroll _____; Graduate Office _____;
Benefits _____; Department _____

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