



## 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: \_\_\_\_\_ Middle Initial: \_\_\_\_

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

Department: \_\_\_\_\_

I wish to resign my Graduate Assistantship for:

Fall 2014 semester \_\_\_\_\_ and/or Spring 2015 semester \_\_\_\_\_

**OR**

Effective date of resignation (mm/dd/yyyy): \_\_\_\_\_

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

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

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 [lscoville@esf.edu](mailto:lscoville@esf.edu) or you can mail this form to:

SUNY ESF  
Attn: Lori Scoville  
1 Forestry Drive  
216 Bray Hall  
Syracuse, NY 13210

### FOR SUNY ESF HUMAN RESOURCES USE ONLY

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

CC: Payroll \_\_\_\_\_ ; Graduate Office \_\_\_\_\_ ;  
Benefits \_\_\_\_\_ ; Department \_\_\_\_\_