



**The Office of Human Resources - Retirement/Resignation Notice**  
**Please Print Clearly**

Name (First, Middle, Last)

Employee ID Number (6 Digits) **or** Last Four Digits of SSN

TCNJ Email Address

Department

**This document serves as an official notice that I will plan to end my employment with The College of New Jersey for following reason(s):**

\*Resigning with effective date of (MM/DD/YYYY)

\*(This is the last date of employment)

\*Retirement with effective date (MM/DD/YYYY)

\*(This date typically occurs on the first of month)

Transferring to a NJ Public Employer (MM/DD/YYYY)

(Example: State, Local, Board of Education)

**Employee Signature/Date**

**Provide a copy to Human Resources and to your department chair or supervisor**

**\*For HR USE ONLY – Indicate below if form is a request change or a cancellation in effective date\***