Resignation Form

Representative Details: □ Senator □ Alternate

Program: ___________________________ Quarter: __________

Name: ___________________________ Student ID: __________

Start Date: ________________________ Date of Resignation: __________

Reason/s for leaving:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ___________________________ Date: __________

For Office use only:

Received by ASBTC: ___________________________ Date: __________

Received by HR: ___________________________ Date: __________

Please Note:

- Senator who resigns anytime during the quarter will not receive stipend.
- This form must be submitted two weeks prior to the resignation.
- The resignee is responsible for appointing his/her replacement within the two weeks’ notice period.

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