Sveriges lantbruksuniversitet Swedish University of Agricultural Sciences

Division of Human Resources

Date:

Employee resignation

I hereby resign my appointment.
Requested final day of appointment:
I am resigning because I am:
☐ Taking another government appointment
New public authority:
☐ Taking a municipal/county council appointment
☐ Taking a private appointment
☐ Other reason
Personal identity number:
Name:
Signature (employee)
Title:
Department/equivalent:
The requested resignation is hereby accepted by the department/equivalent.
☐ The final day of appointment as suggested above is granted.
☐ The last day of appointment will be changed to:
Signature (head of department/equivalent)