

NOTICE OF EMPLOYMENT CHANGE

This is my official notice that my last day of work with the University of North Dakota in the department of _____ will be _____.
(mm/dd/yyyy)

My reason for leaving is:

Retirement

Accepted new position off campus

Transferring to another UND Dept: _____

Transferring to another State Agency: _____

Disability

Other (please specify) _____

My forwarding Address is (Address to send W-2):

New Telephone Number: _____

Signature

Date

Print your Name

EmplID

Signature of Supervisor Accepting Document

Date

Print Supervisors Name