

NOTICE OF EMPLOYMENT CHANGE
(To be Submitted with Job Data Change or Separation Form)

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