



EMPLOYEE RESIGNATION FORM

If you would like to talk to someone in Administration before completing this form, please call (260) 437-3500.

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security Number (last 4 digits only): XXX – XX – _____

Position or Title: _____

Resignation Effective Close of Business on (mm/dd/yyyy): _____

Reason for Resignation:

I certify that this resignation is executed by me voluntarily and of my own free will holding Industrial Insulation Supply, LTD harmless of any non-agreed upon or non-binding obligations.

Employee Signature

Date

Please be aware that we will send your final W-2 tax statement to the address that we have on file. Should you relocate, you will want to update your address with us to ensure timely receipt of this document.

Please send this signed and dated form by emailing a scanned copy with your signature and date to office@industrialinsulationsupply.com or you can mail this form to:

INDUSTRIAL INSULATION SUPPLY, LTD
667 WINKLER ROAD
WILLSHIRE, OH 45898

FOR INDUSTRIAL INSULATION SUPPLY, LTD OFFICE USE ONLY

Last day of work per timesheet (if different from above) _____

Accepted by

Date