



Since 1960  
1661 North Water Street, Suite 205  
Milwaukee, Wisconsin 53202  
(414) 271-5050

### Voluntary Termination Notice

Name \_\_\_\_\_

I the undersigned, submit my voluntary termination notice to end my employment.

Check one\*\*:

I intend to work the hours scheduled for me until my last day of work  
which will be (day) \_\_\_\_\_ (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.

I do not intend to finish out my two weeks. My last day of work will be  
(day) \_\_\_\_\_ (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.

Reason for termination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Employee Signature \_\_\_\_\_

\*\* Note: For scheduling purposes, management may at its option choose to remove you from the schedule prior to the last day of work you specified.