

Resignation From the Postal Service

<p><i>Complete items 1-10 and submit this form to your immediate supervisor, tour superintendent, or other official designated to receive resignations.</i></p>

The collection of this information is authorized by 39 USC 1001. This information will be used to finalize the record of your employment with the Postal Service. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of

private relief legislation, to any agency where relevant to hiring, contracting or licensing, to a labor organization as required by the NLRA, to the EEOC when investigating an EEO complaint, and where pertinent, in a legal proceeding to which the Postal Service is a party.

1. Installation or Station		2. Date Submitted	3. Printed Name (<i>Last, First, Middle</i>)
4. Social Security Number	5. Tour	6. Mailing Address (<i>House/Apt. No., Street, City, State and ZIP + 4</i>)	
7. Reason(s) for Resignation (<i>Give specific reason(s) for your resignation. Avoid generalized reasons such as, "Ill Health," "Personal Reasons," etc. Use reverse for additional remarks.</i>)			
8. Signature		9. Effective Date of Resignation	10. Supervisor