

NOTICE OF RESIGNATION

TO BE COMPLETED BY EMPLOYEE

TO: **HDH Human Resources**

Today's Date: _____

Lived Name (Last, First): _____

Employee ID: _____ Phone Number: _____

Work Location: _____ Supervisor: _____

My reason is as follows:

- Retirement
- Transferring to another UC San Diego Department:
 - Please provide new department name: _____
- Transferring to another UC Campus:
 - Please provide new UC campus location: _____
- Other: _____

Last day scheduled to work: _____
(Last day actually worked)

Separation Effective Date: _____
(Last day with HDH, including leave used)

Termination or Retirement Effective Date: _____
(First day no longer employed by HDH):

Please forward all communication to me at the following address:

Address (Number, Street, P.O. Box)

(City, State, Zip, Country)

Personal Email

I hereby submit my resignation as an employee of the Housing, Dining and Hospitality department.

PRINT NAME	SIGNATURE	DATE

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information:

The principal purpose of requesting the information on this form is for payment of earnings, and for miscellaneous payroll and personnel matters, such as, but not limited to: withholding of taxes, benefits administration, and changes in title and pay status. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory-failure to provide such information may jeopardize any claim you file for Unemployment Insurance. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the State and Federal governments as required by law.

Individuals have the right to review their own record in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from Campus Human Resources and Academic Personnel Directors.

The officials responsible for maintaining the information contained on this form are: Campus Human Resources and Academic Personnel Directors.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to Sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with regulation 4, Section 404.1256. Code of Federal Regulation, under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) Federal and State income taxes withheld, (2) Social Security contributions, (3) State Unemployment and Worker's Compensation earnings, (4) earnings and contributions to participating retirement systems, (5) as an identifier for your insurance carrier to verify you eligibility and to maintain claim records for you and your eligible dependants.