



Sveriges lantbruksuniversitet
Swedish University of Agricultural Sciences

SLU id

Division of Human Resources

RESIGNATION

Notification of resignation

Name	Personal identity number
Address	
Department or equivalent	
I hereby submit my resignation from my position as	
My preferred final date of employment is	
Reason for terminating employment	
<input type="checkbox"/> Transfer to new public authority employer:	
<input type="checkbox"/> Transfer to Municipal or county council position	
<input type="checkbox"/> Transfer to a private sector position	
<input type="checkbox"/> Terminate trial period	
<input type="checkbox"/> Retirement (contact SPV)	
<input type="checkbox"/> Other, state the reason:	

Employee's signature

Date	Signature
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The department/equivalent hereby acknowledges the notification.

Please note that both parties must sign the form using the same method. If the employee provides a handwritten signature, then the employer must also provide a handwritten signature. Likewise if the employee provides an electronic signature, the employer must also provide an electronic signature.

Date	<input type="checkbox"/> Approved final date of employment stated above <input type="checkbox"/> Final date of employment changed to:
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Employers signature (head of department or equivalent)
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Post forms with handwritten signatures to the Payroll Unit. Email forms with electronic signatures to loner@slu.se.

Löneenheten

Box 7087
750 07 Uppsala

Org. ID: 202100-2817
loner@slu.se