

Prince of Songkla University

Resignation Form



(Address) .....

(Date) .....

Resignation Request

To .....

I, Mr./ Mrs./ Ms ..... position .....

Organisational unit belongs to : Department/ Unit.....

Faculty/ Center .....

have been employed by the university on (date) .....month.....year.....

now holding the position of .....

in (organizational unit).....

faculty.....Prince of Songkla University,

wish to resign as an employee of the university because .....

I hereby tender my resignation, to be effective on (date).....

Signature .....

(.....)

Employee

Date ...../...../.....

Note:

Resignation form must be submitted to one's direct superior before the designated resignation date at least 30 days, unless it is accompanied by a written authorization of a proper authority; otherwise it will be taken that the resignation date is the date after 30 days has elapsed since the submitting of the application. In case of resignation due to ill-health, the resignation form must be accompanied by a medical certificate stating the causes of ill-health.