



TEAM MEMBER RESIGNATION FORM

Please complete the form below for your voluntary resignation with Gorman & Company.

Your Full Name	
Home Address (Street)	
City, State, Zip Code	
Work Location	
Date of Resignation/Last Day Worked	

Team Member Name (please print)

Team Member Signature

Date

Company Property/Uniforms Returned (Please List):

HR Only: Update in TruPay (If Applicable)

Update Benefits Sites (If Applicable)

Make Changes on the Intranet