Por. Mor. 15

**Resignation Form from a University Employee**

 Written at...........................................................

 Date.................... Month.................................... Year .......................

Subject Request for Resignation/End of Employment

To ..........................................................

 I, .....................................................................................................................................................

□University employee (Earning Category) □University employee (Subsidy Category) □Extraordinary employee

commencing my employment on date ............ month .................... year ............. currently holding the position of ..................................................... Affiliation (Faculty/Institution/Center/Office/College of) ..................................................................................................................(Department/Office/Section...............................) Monthly salary of ....................................................................... THB wish to submit □ a resignation □ End of employment contract □Termination of the employment contract due to ......................................................................................................... If you continue your employment as a university employee, please indicate that you will be hired under the affiliation of ........................................................ ................................................................................ from date of ...............................................

 I hereby tender my resignation from employment/end my employment and terminate my employment starting from date ….......... month of............................. B.E. (Year)........................

 Sincerely Yours,

 Signature ...................................................

 (........................................................)

**Supervisor's opinion** Approval for resignation is granted from the date …………………………………………………

Approval for resignation is not granted due to………………………………………………………..

………..…………………………………………………………………….…………………………………………………………………………..

 Signature ...................................................

 (........................................................)

 Position..................................................

 .……….…….../….…..……..……./……….…..….

**Request to maintain membership of the Provident Fund**

**I,**

**🞎**wish to maintain membership by keeping money in the fund in anticipation of transfer to the new fund in other agencies

**🞎**do not wish to retain membership and

 ❒Ask to be paid by check. Account Payee Only

 ❒Please issue a bank transfer to the .................................................Bank, .......................................Branch Account number ..................................................................... Account type.....................................................................

(Please attach a copy of the bank book)

A phone number that is easy to reach ....................................................... Mobile................................................................

**Note: Resignation Form shall be submitted to the supervisor not less than 1 month prior.**