

# Notice of Voluntary Resignation

Employee Name \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_  
Please Print

Job Title \_\_\_\_\_ Location \_\_\_\_\_

I am voluntarily resigning my position with Hiland Dairy Foods Company, LLC. My last day worked will be \_\_\_\_\_.

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Present Mailing Address	Forwarding Mailing Address (if applicable)

Witness Name \_\_\_\_\_  
Please Print

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of this completed form must be submitted to the  
Springfield Human Resources Department  
Springfield, MO

Email or Fax to (417) 837-1116