



UTAH TASK FORCE 1 RESIGNATION FORM



DATE: _____

TO: Executive Board, UT-TF 1
Program Managers, UT-TF 1

FROM: _____
Name

Task Force Position

Please accept my resignation effective (LAST ACTIVE DAY): _____
Month/Day/Year

REASON: _____

COMMENTS: _____

Signature

PLEASE RETURN TO TASK FORCE PERSONNEL OFFICE

Personnel Use Only

- Program Managers
- Steering Committee Members
- Grants
- Personnel
- Copy in Personnel File

ACCEPTED BY: _____ **DATE:** _____
UT-TF 1 Team Member Manager

ACCEPTED BY: _____ **DATE:** _____
UT-TF 1 Program Manager

ACCEPTED BY: _____ **DATE:** _____
UT-TF 1 Program Manager