



EMPLOYEE EXIT FORM

As per your request to resign from the LSPR Communication & Business Institute.
fill in and sign the document for the official purpose it may take.

Kindly

Name : _____
Department : _____
Last Job Title : _____
Start of Employment Date : _____
End of employment Date : _____

Contact Information for future correspondence:

Passport/Identity Card No. : _____
Expiry Date : _____
Address (current domicile) : _____

Mobile Phone : _____
Home : _____

Reason for leaving (please check one):

- Resignation*
 Retirement
 Other

The leaving Employee

Head of Human Resources

(_____)

(Dr. Yovi Bathesta)

Date:

Date: