

RESIGNATION AND ACCEPTANCE FORM

This form is only used for employees leaving the employment of the GNWT Public Services.
This form is not required if you are transferring to another GNWT department/agency (excluding WSCC).

Review "Leaving the GNWT" on My HR prior to completing form (<https://my.hr.gov.nt.ca/employees/leaving-gnwt>)

EMPLOYEE SECTION

Name: <input style="width: 90%;" type="text"/>	Position Title: <input style="width: 90%;" type="text"/>
Employee ID#: <input style="width: 20%;" type="text"/> Record #: <input style="width: 20%;" type="text"/>	Department: <input style="width: 90%;" type="text"/>
Last Day of Employment: <input style="width: 30%;" type="text"/> <small>(Last day of work, including leave)</small>	Supervisor's Name: <input style="width: 90%;" type="text"/>
<small>(DD-MMM-YYYY)</small>	
Are you transferring to WSCC? Yes No	

Will you be on leave prior to your resignation date? If so, please provide leave type and dates below:

Leave Type: <input style="width: 200%;" type="text"/>	Start Date: <input style="width: 150%;" type="text"/>	End Date: <input style="width: 150%;" type="text"/>
	<small>(DD-MMM-YYYY)</small>	<small>(DD-MMM-YYYY)</small>

All requested leave has been entered on timesheet up to my last day of employment. Yes

Employee Comments:

Employee Signature: <input style="width: 300%;" type="text"/>	Date: <input style="width: 150%;" type="text"/>
	<small>(DD-MMM-YYYY)</small>

All time must be entered in HRIS prior to submitting this form. Failure to do so may result in overpayment and recovery.
Employee has 48 hours to rescind resignation.

SUPERVISORS SECTION - Supervisors cannot accept the resignation or sign this form until 48 hours has passed.

48 hours has passed since notice was received. All required timesheet entries entered & approved in HRIS?

Additional Information:

Supervisor is responsible to ensure that all time and leave has been entered/approved in HRIS prior to accepting this resignation.
Failure to do so may result in an overpayment and recovery to the employee.

Supervisors Signature: <input style="width: 300%;" type="text"/>	Date: <input style="width: 150%;" type="text"/>
	<small>(DD-MMM-YYYY)</small>

APPROVAL SECTION - To be completed by the Deputy Head or Delegate:

I certify I have authority to accept this resignation form as per my departmental/agency Human Resources Approval Authorities.

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>
Signature: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
	<small>(DD-MMM-YYYY)</small>

COMPLETED DOCUMENTS MUST BE SENT TO YOUR HUMAN RESOURCE REPRESENTATIVE FOR PROCESSING.
LATE SUBMISSION OF THIS FORM MAY RESULT IN OVERPAYMENT AND RECOVERIES FOR THE EMPLOYEE.