

# Notice of Voluntary Resignation

Date \_\_\_\_\_

To Whom It May Concern:

With this letter, I, \_\_\_\_\_,  
do hereby voluntarily resign my position with Hiland Dairy Foods Company. My last day  
worked will be \_\_\_\_\_.

Employee Name *(please print)*: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of this completed form must be submitted to the  
Springfield Human Resources Department  
Springfield, MO  
Fax: 417-837-1116