

ST. LUKE'S MEDICAL CENTER MULTI PURPOSE COOPERATIVE 279 E. RODRIGUEZ SR. BLVD. QUEZON CITY 723-01-01 loc. 3302

<u>RESIGNATION FORM</u>

NAME:	DIVISION:	
EMPLOYEE NO.:	UNIT/DEPT.:	<u> </u>
POSITION:	LOCAL NO.:	
DATE FILED:		
I am rendering my resignation effective on:		
with the reason of		
(5	SIGNATURE OVER PRINTED NAME)	
* *	* FULL UP TO TUE DOINT ONLY * * *	
**	* FILL UP TO THIS POINT ONLY * * *	
APPROVED BY:		
BOARD OF DIRECTORS	BOARD OF DIRECTORS	BOARD OF DIRECTORS
BOARD OF BIRECTORS	BOARD OF DIRECTORS	BOARD OF BIRECTORS
	NOTICE	
Resignation should be filed 30	days before the effective date for clearing a	and money claim.
Filing of this form	must be after the payroll cut-off of the Hos	inital.
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