

Ed Koehn Automotive Group
Employee Resignation Statement



Employee Name		Store
<p>I hereby request an unpaid leave of absence for the following reasons:</p> <p>Should this leave of absence be granted, my last day of work will be _____, and I will return to work on _____.</p>		
Type of Leave:	<input type="checkbox"/> Medical <i>(if medical, attach medical documentation to this form)</i> <input type="checkbox"/> Personal	
<p>I fully understand that this leave of absence may be extended upon my written request 14 days in advance of the return date. I also understand that said extension of this leave of absence shall not be binding upon the company until they have approved said extension and provided me a copy of that approval.</p> <p>It is with clear knowledge that should I fail to return to work on the date specified above or on a subsequent approved extension date, I may be considered by the company as having VOLUNTARILY QUIT my job.</p> <p>All statements above are fully understood and agreed upon.</p>		
Employee Signature		Date
Supervisor Signature		Date
Witness Signature		Date