



California Polytechnic State University  
San Luis Obispo, California 93407

**STAFF/MPP NOTICE OF RESIGNATION**

**HR 191 FORM**

Human Resources  
(805) 756-2236

**Instructions – For Staff/MPP Employees Resigning from Cal Poly Employment:**

■ **Employee:**

1. Must complete and give the HR Form 191 to the supervisor at the time notice of resignation is given.
2. Must complete the Payroll Form 300 (PR 300) for various property and account clearances by the last day physically worked.
3. Must contact your Payroll Technician immediately.
4. Complete your exit interview with ExitRight. Cal Poly has contracted with ExitRight to conduct employee exit interviews. In the next few days you will receive an email from exitright@hdsdmetrics.com to complete an online survey. Responses are confidential and will not impact any future employment with Cal Poly - SLO.

■ **Department:**

1. Obtain required signatures on the HR Form 191 and forward it to Human Resources immediately.
2. Review and approve the Payroll Form 300 (PR 300) and forward it to Payroll Services immediately.

HR Form 191 is **NOT** required for:

- Temporary employees whose temporary appointment is ending. **\*\* PR 300 still required \*\***
- Retiring employees: If retiring from Cal Poly, contact Human Resources to apply for retirement. **\*\* PR 300 still required \*\***
- Faculty: A letter of resignation is required for faculty employees. **\*\* PR 300 still required \*\***

<b>EMPLOYEE NAME</b>		<b>EMPLOYEE ID</b>
<b>CSU CLASSIFICATION TITLE</b>	<b>DIVISION</b>	<b>DEPARTMENT</b>

<b>REASON FOR RESIGNATION</b> <input type="checkbox"/> New position provides professional advancement <input type="checkbox"/> New position provides better salary <input type="checkbox"/> New position has better working conditions <input type="checkbox"/> Dissatisfied with CSU (policies, administration, support) <input type="checkbox"/> Dissatisfied with CSU promotional opportunities <input type="checkbox"/> Personal reasons <input type="checkbox"/> Other	<b>RESIGNATION EFFECTIVE DATE (last day of employment/pay status)</b>	
	<b>LAST DAY PHYSICALLY WORKED</b>	
	<b>SUPERVISOR'S NAME</b>	<b>SUPERVISOR'S EXTENSION</b>
	<b>COMMENTS</b>	

<b>EMPLOYEE SIGNATURE (REQUIRED)</b>	<b>DATE</b>
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DEPARTMENT HEAD/CHAIR/DIRECTOR ACKNOWLEDGEMENT (REQUIRED)			
<b>PRINT NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>
DEAN/DIVISION HEAD ACKNOWLEDGEMENT (REQUIRED)			
<b>PRINT NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>

FOR HUMAN RESOURCES USE ONLY		
<b>DATE RECEIVED</b>	<b>DATE PROCESSED</b>	<b>COMPLETED BY</b>