



# Resignation/Transfer from the Postal Service

**Privacy Act Statement:** Your information will be used to perform routine personnel functions such as resignation and transfer requests. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206. Supplying the information is voluntary, but if not provided we may not be able to process your request. We do not disclose your information to third parties without your consent, except to act on your behalf or request, or as legally required. This includes the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to the Equal Employment Opportunity Commission (EEOC) when requested in connection with the investigation of a formal complaint; and to the Merit Systems Protection Board or Office of Special Counsel for the purpose of litigation. Records may be disclosed to the National Labor Relations Board (NLRB) in response to its request for investigative purposes, to the extent that the requested information is relevant and necessary. For additional information regarding our privacy policies, visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

**Instructions:** Sections A, B, and C are to be completed by the employee. Section D is to be completed by your immediate supervisor, manager, or other official designated to receive resignations. **Do not complete this form if you are retiring.**

## A. EMPLOYEE INFORMATION

|                                                                                     |                                               |                                                        |
|-------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|
| 1. Employee Identification Number                                                   | 2. Printed Name (Last, First, Middle Initial) | 3. Effective Date of Resignation/Transfer (MM/DD/YYYY) |
| 4. Mailing Address (House/Apt. No., Street, City, State and ZIP + 4 <sup>th</sup> ) |                                               | 5. Telephone Number                                    |
| 6. Installation or Station                                                          |                                               | 7. Personal Email Address                              |

## B. REASON FOR ACTION (CHECK ONE)

**Transfer** - A transfer is the formal act of voluntarily ending employment with the U.S. Postal Service to transfer to another federal agency without a break in service. Complete 1-4 with the information for the agency to which you are transferring and its Human Resources (HR) office. Use section E on the reverse for additional remarks.

|                                         |                                                        |
|-----------------------------------------|--------------------------------------------------------|
| 1. Agency's Name                        | 2. Agency's HR Representative's Name and Email Address |
| 3. Agency's HR Office's Mailing Address | 4. Agency's HR Office's Telephone Number               |

**Resignation.** A resignation is the formal act of giving up or quitting your employment with the U.S. Postal Service. Resignations are accepted and binding once submitted. Check the appropriate box indicating the reason for your resignation.

- |                                                                      |                                                      |                                                                             |
|----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Job offer in private industry (621)         | <input type="checkbox"/> Commute too long (640)      | <input type="checkbox"/> Pursuing self-employment (641)                     |
| <input type="checkbox"/> Job was not in line with career plans (632) | <input type="checkbox"/> Insufficient pay (629)      | <input type="checkbox"/> Skills not utilized (633)                          |
| <input type="checkbox"/> Pursuing full-time education (617)          | <input type="checkbox"/> Lack of job security (627)  | <input type="checkbox"/> Did not get along with fellow workers (645)        |
| <input type="checkbox"/> Did not get along with supervisor (646)     | <input type="checkbox"/> Health reasons-self (622)   | <input type="checkbox"/> Change of domicile does not work with family (647) |
| <input type="checkbox"/> No promotion opportunities (628)            | <input type="checkbox"/> Health reasons-family (634) | <input type="checkbox"/> Not accepting directed reassignment (648)          |
| <input type="checkbox"/> Household responsibilities (644)            | <input type="checkbox"/> Marriage plans (635)        | <input type="checkbox"/> Following spouses to new duty station (619)        |
| <input type="checkbox"/> Work hours not compatible (639)             | <input type="checkbox"/> Relocating (652)            | <input type="checkbox"/> Insufficient benefits (630)                        |
| <input type="checkbox"/> Not enough recognition (631)                | <input type="checkbox"/> Work is too hard (636)      | <input type="checkbox"/> Other (specify on page 2)                          |

## C. EMPLOYEE SIGNATURE

|                    |                             |
|--------------------|-----------------------------|
| Employee Signature | Date Submitted (MM/DD/YYYY) |
|--------------------|-----------------------------|

## D. SUPERVISOR/MANAGER INFORMATION

|                                    |                      |
|------------------------------------|----------------------|
| 1. Supervisor/Manager (Print Name) | 2. Signature         |
| 3. Telephone Number                | 4. Date (MM/DD/YYYY) |

**To withdraw a submitted resignation:** You must submit a written request to the Human Resources Shared Service Center (HRSSC) by mail, email, or fax, no later than close of business on the effective date of the submitted resignation. Send mailed withdrawals to HRSSC, ATTN SEPARATIONS, PO BOX 970520, GREENSBORO NC 27497-0520; emailed withdrawals to the HRSSC Separations (Career) email account at [BRHGP1@usps.gov](mailto:BRHGP1@usps.gov); or faxed withdrawals to 1-651-994-3521. Mailed withdrawals must be postmarked no later than close of business on the effective date of the submitted resignation.

