

Call Center Agent Resignation Form

Full Name	<input type="text"/>
Employee ID	<input type="text"/>
Department	<input type="text"/>
Supervisor Name	<input type="text"/>
Date of Resignation	<input type="text"/>
Last Working Day	<input type="text"/>
Reason for Resignation	<input type="text"/>
Comments/Suggestions	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>