

# United Faculty of Florida

## Resignation Form

I wish to inform you that I am officially resigning my membership in the United Faculty of Florida.

I understand that this resignation will become effective thirty (30) days from the date the UFF Office receives this completed form.

I acknowledge that once my resignation is effective, I will not be eligible for UFF representation in any disciplinary action, criminal matter related to employment, legal representation or grievance, or any benefits of my local chapter, UFF, FEA, AFT, NEA or AFL-CIO membership.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
College/University

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Non-edu email address

\_\_\_\_\_  
Signature

This form must be submitted directly to the UFF office using one of the following options:

- via email to [UFF@floridaea.org](mailto:UFF@floridaea.org) (preferred)
- via postal service to UFF at 115 N Calhoun Street, Suite 6, Tallahassee FL 32301.

