

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 *(Chapter/Employer)*
(SUS, Colleges, Independent, GAU)

Cell Phone

Reason For Resignation

Please select your reason for resignation from the drop-down menu.

Personal/ 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 (preferred)
- via postal service to UFF at 115 N Calhoun Street, Suite 6, Tallahassee FL 32301.

