

**FLORIDA A&M UNIVERSITY
LETTER OF RESIGNATION AND ACCEPTANCE FORM**

(Date of Resignation)

To Whom It May Concern:

I, _____, hereby resign my position at Florida A&M University,
(Employee's Name)

_____, effective _____
(Department or Division) (Date Resignation will be effective or fill in the word "immediately.")

The reason for my resignation is: _____

(Examples would be – "accept a position with another employer," "retirement," "pursue other career interests,"
"health reasons" etc.)

My signature acknowledges that I am resigning voluntarily and without coercion on the University's part, and that I acknowledge my responsibility to schedule an exit interview with Human Resources by contacting and scheduling the interview with either Shakonda Peters or Shauna Allen at (850) 599-3611.

(Employee's Signature)

(Date Resignation Signed by Employee)

This letter of resignation is accepted on behalf of Florida A & M University by

(Title of Immediate Supervisor Accepting Resignation)

(Signature of Immediate Supervisor)

(Date Resignation Accepted by Immediate Supervisor)

Instructions for Completion and Distributing Letter of Resignation

It is the responsibility of the Immediate Supervisor to promptly accept a letter of resignation and to provide a copy of the resignation letter to the Director of Labor and Employee Relations, Mr. David Voss no later than twenty-four (24) hours after the resignation has been signed by the employee and the immediate supervisor. This copy may be faxed to (850) 412-5569. A hard copy must be provided to Mr. Voss no later than three (3) working days after the resignation. His office is located in 208A Foote-Hilyer Administration Center.