

Sample Letter: Termination Acceptance—To be printed on Department Letterhead
From Department to Employee

January 14, 2010

_____, M.D.
Assistant Professor
Department of _____
100 Jacksonville Drive
Jacksonville, FL 32209

Dear Dr. _____:

This letter confirms that we accept your voluntary and irrevocable resignation from employment of your position as _____ in the Department of _____. Your last day of employment will be _____.

We wish you success in all of your future endeavors.

Sincerely,

_____, M.D.
Professor & Chair
Department of _____