

RESIGNATION ACCEPTANCE LETTER

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Employer

Individual

Full Legal Name

SSN / ID

Doc Series

Address

Addressed to:

Employee

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Job Title

Date the Resignation Was Received

Confirmed Last Working Day

Final Pay and Benefits

Handover Tasks and Property to Return

3. EXECUTION & SIGNATURES

Employer

Signature

Full Legal Name

Date
