

# 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

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Handover Tasks and Property to Return

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**3. EXECUTION & SIGNATURES**

**Employer**

Signature

  

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Full Legal Name

  

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Date

  

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