

IMMEDIATE RESIGNATION LETTER (HEALTH / RELOCATION)

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Employee

Individual

Full Legal Name

SSN / ID

Doc Series

Address

Addressed to:

Employer

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Current Job Title

Last Working Day

Notice Period Given

Handover Arrangements

3. EXECUTION & SIGNATURES

Employee
Signature

Full Legal Name

Date
