RESIGNATION LETTER

То:	_
Company Name:	
Company Address:	
Dear	,
I am writing to formally notify you of my dec	cision to resign from my position at
,	effective
C	lay of ,
20	. This decision was not made lightly and comes
after careful consideration of my career goals	and personal aspirations.
My last working day will be	
	20 , , , ,
	nitted to ensuring a smooth transition and will do
• • •	ffectively. I am willing to assist in training my
successor and will ensure that all my current	projects are up to date before my departure.
I would like to express my gratitude for the o	pportunities I have been given during my time at
	Working under your guidance has been a rewarding
	encouragement I have received from you and my
colleagues.	

Please let me know how I can assist during this transition. I hope to maintain a positive relationship moving forward and look forward to staying in touch.

GOVERNING LAW AND JURISDICTION: This letter shall be governed by and construed in accordance with the laws of the State of _______.

SEVERABILITY: If any provision of this letter is held to be invalid or unenforceable, the remaining provisions shall continue to be valid and enforceable.

ENTIRE AGREEMENT: This letter constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes all prior agreements and understandings, whether written or oral.

NOTICE PROVISIONS: Any notice required or permitted under this letter shall be in writing and shall be deemed to have been duly given if delivered personally or sent by certified mail, return receipt requested, to the addresses specified above.

AMENDMENT PROCEDURES: This letter may not be amended or modified except by a written agreement signed by both parties.

TERMINATION CONDITIONS: This resignation is subject to the acceptance of the notice period as stipulated in the employment contract. Any deviation from the agreed notice period must be mutually agreed upon in writing by both parties.

Signature:	
Date:	
Print Name:	_
Witness Signature:	
Date:	
Print Name:	-
Notary Public Signature:	
Date:	
Print Name:	-
Commission Expiry Date:	