

Employee Name  
Forwarding Address  
City, State Zip

Today's Date

Supervisor's Name  
Supervisor's Title  
UConn Health  
263 Farmington Ave  
Farmington, CT, 06030

Dear (Supervisor):

Please accept this as notification of my resignation from my position as (Current Title) in the Department of (Current Department). My last day as an employee will be (Date must be at minimum two weeks from the date that the letter is submitted). I am resigning because (reason for leaving) **or** I have accepted a new position in (New Department) here at UConn Health (Please make mention if taking another position within UConn Health or at another State agency to avoid issues with employee status).

It has been a pleasure working with you.

Sincerely,

Employee Name

cc: Human Resources