

**Sample Termination Acceptance Letter:**  
**From Department Chair to Employee**

**Print on Department Letterhead**

Date

**NAME**, MD

Academic Rank

Department of \_\_\_\_\_

Address

Jacksonville, FL 32209

Dear Dr. \_\_\_\_\_:

This letter confirms that we accept your voluntary and irrevocable resignation from employment of your position as \_\_\_\_\_ in the Department of \_\_\_\_\_. Your last active day of employment will be **DATE**.

We wish you success in all of your future endeavors.

Sincerely,

\_\_\_\_\_, MD  
Professor & Chair