

Acceptance of Resignation Letter

DATE

Employee Name

Employee Title

Department/College

Dear Employee Name:

This is to confirm receipt and acceptance of your letter of resignation, received [DATE] for the position of [job title] in [department name], which is to be effective [DATE]. [You will continue to receive your salary through your last day of employment. With your final paycheck, you will also receive a cash payout of any accrued and unused vacation time in accordance with the provisions of University policy SPP 702-01 – “Vacation - General Policy.”] - OR - [Since you have been in non-pay status and have exhausted all accrued sick leave hours and vacation hours, you will not receive a final paycheck from the University.]

[Please return any University property that you still have in your possession, e.g., keys, credit cards, parking decal and card, cell phone, laptop, etc., on or before your last day of employment.] -OR - [You have previously returned all University property.]

Attached you will find an information sheet for exiting employees. This form entails the necessary instructions on benefit coverage, vacation and final wages. If you should have questions about your benefits, you may contact the Office of Human Resource’s Employee Service Center at 855.ASU.5081 (855.278.5081) for further assistance.

Exit interviews are optional. By choosing to participate, your responses provide valuable feedback and are greatly appreciated. If you would like to complete the optional exit interview, please visit the following link to the optional on-line exit interview questionnaire; <http://cfo.asu.edu/hr-leavingasu>. If you would prefer to do an optional face-to-face exit interview, please contact [HR Consultant Name and Title] at [Number] in the Office of Human Resources.

Thank you for your service to ASU and good luck in your next endeavor.

Sincerely,

Supervisor name

Title

Attachments: SPP 702-01: Vacation – General Policy
Information Sheet for Exiting Employee

cc: HR Personnel File