FACULTY RESIGNATION TEMPLATE LETTER

Date

Department Chair/ Program, Center, Institute Director

Title

Department of \_\_

University of Maryland School of Medicine

Dear Dr.:

Please accept this letter as my formal resignation from [full-time, part-time or contingent per diem] employment with the University of Maryland School of Medicine, Department of \_\_\_\_. My last day of work will be \_\_\_\_\_\_\_\_\_, and my resignation will be effective \_\_\_\_\_\_\_\_\_.

My decision to resign is fully voluntary. I am committed to ensuring a smooth transition during my remaining time within the department. Accordingly, I will ensure all customary tasks and processes are completed to facilitate my departure.

Optional:

 I want to thank you for the opportunity to work …

 I wish you and the department all the best …

Sincerely,

Name

Title

Department of \_\_\_\_

University of Maryland School of Medicine

cc: Senior Administrator

 Office of Academic Administration