## *Delivered Via Certified Mail/Hand Delivery/DocuSign*

Month #, 2021

Employee Full Name

Job Title

Employee ID #

Address (UCB or Mailing Address or both)

**RE: Acceptance of Resignation**

Dear Employee Name:

I accept your resignation effective Month #, 2021, tendered to me in writing or verbally on Month #, 2021. Thank you for your hard work and dedication to the University of Colorado Boulder, Department Name.I wish you the best of luck in your future endeavors.

Please contact Contact Name, Title at [email@colorado.edu](mailto:email@colorado.edu) or ###-###-#### to arrange a time to complete check-out procedures. You may also want to contact a benefits professional at 303-860-4200 for information about continuing your health insurance benefits under the COBRA program. The benefits professional can also assist you in understanding your retirement benefits.

In accordance with State Board Rule 7-2, if you feel that your resignation was coerced or forced, you may, within ten (10) days from receipt of this letter, file a written appeal with the Colorado State Personnel Board. The appeal must be postmarked, delivered, or faxed no later than ten (10) calendar days after your receipt of this letter, addressed as follows: Colorado State Personnel Board:

ATTN: Appeals Processing

1525 Sherman Street, 4th Floor

Denver, Colorado 80203

<https://spb.colorado.gov/>

[dpa\_state.personnelboard@state.co.us](mailto:dpa_state.personnelboard@state.co.us)

F: 303-866-5038

O: 303-866-5002

Sincerely,

Appointing Authority Name

Title

cc: Supervisor and/or Manager Name, Title

Consultant Name and Title, Office of Employee Relations

Personnel File