

Confirmation of Resignation

Date: _____

Dear _____:
Employee Name

Today you provided your resignation verbally to _____. This notice is to confirm that we accept your oral resignation.

Please be advised, it is the policy of the Diocese of Gary and all parishes, schools and entities, that all employees offer at least 2 weeks notice. Failure to do so may result in ineligibility for rehire.

Please fill in your final date of work, sign and return.

Last Date of Work

Employee

Date

Supervisor

Date