



Certified Mail - Return Receipt Requested

Re: Resignation of employment

Dear _____

This letter is to confirm the following on your voluntary resignation of employment.

Effective Date: _____

Job Title: _____

Store # and Name: _____

We have advised you that your actual last day of employment will be the Effective Date listed above and you will be paid for your notice period.

This letter is also to confirm that any regular pay due to you through your last day of employment, as well as any accrued, unused vacation pay, will be processed and given to you on:

Last Day _____

Your medical and dental benefits will remain in force through the last day of the month that you resigned. You will be receiving information at your home address from Corporate Benefits regarding your ability to elect the COBRA continuation of these benefits.

Sincerely,

cc: Personnel file