

Contract Termination Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Manager's Name],

I am writing to formally notify you of my decision to terminate my contract with [Pharmacy Name], effective [Termination Date]. This decision has been made for personal reasons.

I appreciate the opportunities that have been extended to me during my tenure, and I have enjoyed working with the team. Please let me know how I can assist in making this transition as smooth as possible.

Thank you for your understanding.

Sincerely,

[Your Name]