

# Notice of Resignation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Supervisor's Name]

[Public Health Department]

[Office Address]

[City, State, Zip Code]

**Dear [Supervisor's Name],**

I am writing to formally resign from my position as [Your Position] at [Public Health Department], effective [Last Working Day, typically two weeks from the date above].

This decision was not easy and took a lot of consideration. I am grateful for the opportunities I've had to grow and contribute to our team's mission in promoting public health. I appreciate your guidance and support during my time here.

I am committed to ensuring a smooth transition and will gladly assist with transferring my responsibilities during my remaining time.

Thank you once again for the opportunity to be a part of such a vital organization. I hope to stay in touch in the future.

Sincerely,

[Your Name]