

# Resignation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally resign from my position as [Your Position] at [Hospital/Clinic Name] effective [Last Working Day, typically two weeks from the date above].

This decision was not made lightly, but due to health reasons, I believe it is in my best interest to step down from my role. I am grateful for the opportunities I have had to work with an exceptional team and care for our patients.

I will do my utmost to ensure a smooth transition during my remaining time and assist in any way I can to hand over my responsibilities effectively.

Thank you for your understanding and support during this time. I hope to maintain our professional relationship, and I look forward to staying in touch.

Sincerely,

[Your Name]