

SAMPLE – Resignation Acceptance

[Date]

[Name]

[Address]

Via **[Hand Delivery OR Certified Mail No. _____]**

Dear **[Mr./Ms. Last Name]**:

The purpose of this letter is to acknowledge receipt and acceptance of your **[attached written / verbal]** voluntary resignation of **[date]**, which you **[communicated / hand-delivered / mailed / emailed]** to **[name]**, **[title]**, at **[time]**. As provided in your resignation **[letter / statement]**, your resignation is effective **[date]** at **[time]**. You will be paid for all annual leave accrued and unused as of your last working day. ***[Final wages must be paid within the time frames provided in the W.V. Wage Payment and Collection Act.]***

All property belonging to the State of West Virginia, which you have under your control or in your personal possession, must be returned and delivered to the control of **[name]**, **[title]**, **[immediately or on date of resignation]**. Such property shall include, but not be limited to: keys to any State offices, access cards, and identification cards. After your date of separation, you are not to enter the non-public areas of the **[agency/department name]** offices without prior authorization from an agent of my office or me. Please contact **[benefits coordinator]** at **[telephone number]** should you have any questions concerning your retirement or insurance benefits.

To determine eligibility to continue your Public Employees Insurance Agency (PEIA) insurance benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), contact your payroll office or PEIA, at (304) 558-7850, or 1-888-680-7342, for specific eligibility, coverage and premium information. Other health coverage options may be available, including coverage through the Health Insurance Marketplace. Visit www.HealthCare.gov or call 1-800-318-2596 for more details.

Thank you for your service, and I wish you success in your future endeavors.

Sincerely,

[Appropriate Signature Authority]

Attachment

c: Agency Personnel File
West Virginia Division of Personnel

[OPTIONAL LANGUAGE - *If the employer meets with the employee and hand delivers the letter, the employer may request that the employee verify receipt by signing the following acknowledgment typed at the bottom of the letter.*]

I have received a copy and am aware of the contents of the foregoing letter.

Employee Signature

Date

[OPTIONAL LANGUAGE - *If mailed via U. S. Postal Service, the following certification may be typed at the bottom of the letter.*]

The undersigned certifies that the above letter / notification was mailed to **[name]** by first-class and certified mail, return receipt requested, on the _____ day of _____, 20____.

[signature]_____
[typed name and title]

[NOTE: *Revised 11/2022. Ensure law, rule, and policy language is current.*]