

Facilities Management

University of Virginia Facilities Management Skipwith Hall 1490 Leake Drive Charlottesville, Virginia 22904

| Dear UVA Facilities Management: | | |
|--|---|------------------------|
| I, Name | _, do hereby submit my resignation as a | |
| Job Title | My last full day of work will be | |
| , 20 | | |
| Reason for leaving: Another job: | ☐ Within the University | ☐ Another State Agency |
| ☐ Retirement - Official Retirement Date: | | |
| ☐ Other, please summarize: | | |
| Employee Signature | Date | |
| Supervisor Accepted | Date | |