ENTER DATE

ENTER SUPERVISOR OR DEPT CHAIR NAME

UW-La Crosse

1725 State Street

La Crosse, WI 54601

Dear ENTER SUPERVISOR OR DEPT CHAIR NAME:

Please accept this letter as notice of my SELECT OPTION FROM DROP DOWN BOX, effective ENTER EMPLOYMENT END DATE.

My last day on campus will be ENTER LAST DAY ON CAMPUS DATE.

ENTER PERSONAL MESSAGE or DETAILS IF LEAVING FOR ANOTHER WISCONSIN STATE AGENCY or DELETE

Sincerely,

ENTER YOUR NAME

cc: Human Resources, 144 Graff Main Hall