

DATE: _____

TO: Quinn Smith
Director of Human Resources
Wayne-Finger Lakes BOCES

FROM: _____ (printed name)
_____ (site/department)

SUBJECT: **RESIGNATION**

I am resigning from my position as _____

and my last work day will be _____. The purpose of my resignation is for:

- Other employment
- Personal
- From summer school only
- Retirement
- To accept another position within this BOCES
- Other (explain) _____

I understand that my resignation from the Wayne-Finger Lakes BOCES may result in my loss of health and/or dental insurance coverage and that I will be offered COBRA at that time. COBRA is a supplemental insurance policy that provides temporary health insurance to eligible workers and their dependents when they are between jobs by extending the coverage of the most recent employer. Employees are responsible for the full premium. Because gaps in health care coverage can cause problems when enrolling in a new plan, it is important that the family stays insured in times of transition.

Signature

Office use only:

- Agenda _____
- Payroll copied
- Site notified
- Posting