

ENTER DATE

ENTER SUPERVISOR NAME
Oregon Coast Community College
400 SE College Way
Newport, OR 97366

Dear ENTER SUPERVISOR 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
OREGON STATE AGENCY or DELETE

Sincerely,

ENTER YOUR NAME
cc: Human Resources, Room 219