

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