****

(Date)

Cabinet-level Administrator
SUNY Geneseo
1 College Circle
Geneseo, New York 14454

Dear      :

This letter is to serve as official notification of my intent to resign from my position as       at SUNY Geneseo. I understand this resignation is irrevocable.

My last day of work (or charge to appropriate earned leave accruals) will be on      , close of business.

 (Date)

My resignation shall be effective with the beginning of business on      .
 (Date)

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name and Sign)

cc: Supervisor
 Human Resources