



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Date:

Employee Name
Street Address
City, State, Zip Code

Dear Mr./Ms. Employee's Last Name :

This letter acknowledges receipt of your voluntary notice of resignation from your position as a Employee's Position with the Department of Juvenile Justice, effective, close of business _____. The department accepts your resignation.

Inquiries concerning your employment with the department may be directed to the Bureau of Human Resources (850) 717-6239.

Sincerely,

Supervisor's Full Name
Supervisor's Title

cc: employee personnel file

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850
<http://www.djj.state.fl.us>

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.