

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Manager's Name]
[Medical Facility/Organization Name]
[Facility Address]
[City, State, Zip Code]

Dear [Manager's Name],

I am writing to formally resign from my position as [Your Job Title] at [Medical Facility/Organization Name], effective [Last Working Day, typically two weeks from the date above].

I have enjoyed working with the team and appreciate the opportunities for professional and personal development during my time here. I am grateful for the support and guidance I have received while serving our patients and the community.

Please let me know how I can assist during the transition period. I wish [Medical Facility/Organization Name] continued success in the future.

Thank you for everything.

Sincerely,
[Your Name]