

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Supervisor's Name]  
[Healthcare Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Supervisor's Name],

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

I want to express my gratitude for the opportunities I've had during my time at [Healthcare Facility Name]. Working alongside such dedicated professionals has been a rewarding experience, and I am proud to have contributed to the care and well-being of our patients.

Please let me know how I can assist during the transition. I hope to maintain our professional relationship and wish the team continued success.

Thank you once again for the support and guidance I've received.

Sincerely,  
[Your Name]