OFFICIAL RESIGNATION LETTER

I, _____, of my own free will, hereby resign from the position of _____

in the Division of: _____.

Reason:

_____

_____

_____

_____

_____

My last working day will be/was _____.

As a State Classified employee if you believe this resignation was coerced or forced you may appeal to the State Personnel Board within 10 days of the date of this letter.

Colorado State Personnel Board
Attn: Appeals Processing
1525 Sherman St., 4th Floor, Denver, CO 80203.

The Personnel Board's fax number is 303-866-5038, and its telephone number is 303-866-3300. The ten-day deadline and these appeal procedures also apply to all charges of discrimination.

Resignations in lieu of disciplinary action are not eligible for appeal.

_____ _____

Employee Signature Date