**RESIGNATION LETTER 24 HOURS’ NOTICE**

Your Name

Your Address

Your City, State Zip Code

Your Phone Number

Your Email

Date

Name

Title

Organization

Address

City, State Zip Code

Dear Mr./Ms. Last Name:

Please accept this letter as formal notification that I am resigning from my position with ABCD Company on Friday, August 9, 20XX. I understand that two weeks’ notice is standard; however, personal circumstances require that I leave my position at this company by the end of this week.

I am glad to provide any assistance I can during this transition. Thank you for the opportunities for professional and personal development that you have provided me during the last five years.

I have enjoyed working for the agency and appreciate the support provided me during my tenure with the company.

Sincerely,

Your Signature (hard copy letter)

Your Typed Name