

Date:

CHAIR/DIRECTOR OF DEPARTMENT

Dear Dr. CHAIR NAME:

This letter is my official notification to you of my decision to retire from Wayne State University. My last day of employment is \_\_\_\_\_\_\_.    The first day of my retirement is \_\_\_\_\_\_\_.

Also, I am aware that I should contact WSU Total Compensation and Wellness at (313) 577-3717 or email them at benefits@wayne.edu to assist me with my transition into retirement.

Sincerely,

Faculty