**Letter of Voluntary Retirement**

**Please PRINT all information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: | Click or tap to enter a date. | | | | UFID: |  |
| Employee’s Name: | | | |  | | |
| Position: | |  | | | | |
| Department: | | |  | | | |

|  |  |
| --- | --- |
| **Please accept my voluntary resignation effective:** | Click or tap to enter a date. |
|  | **(*Effective Date of Retirement)*** |

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Employee’s Signature*)

In order to qualify for the COVID-19 Retirement Incentive, notice must be provided to your supervisor and UFHR-Benefits ([benefits@ufl.edu](mailto:benefits@ufl.edu)) by June 30, 2020 and your retirement date must be on or before September 30, 2020.