# SECTION 10.15 SAMPLE ACCEPTANCE OF RESIGNATION IN LIEU OF DISCHARGE

**Last Update: 3/17**

DATE

EMPLOYEE NAME EMPLOYEE ADDRESS

EMPLOYEE NAME:

I accept your resignation effective DATE. Your resignation is considered a resignation in lieu of termination. Pursuant to Iowa Code Section 22.7(11)(a)(5) and 22.15, this document will be placed in your personnel file and may become a public record.

Please return all items issued to you during your employment, including but not limited to cell phone, laptop, crypto card (VPN), State ID badge, keys, and electronic or paper files.

For any questions related to your benefits, you may contact: HRA NAME, Human Resources Associate

Phone: HRA PHONE # Email: HRA EMAIL

Regards,

MANAGER NAME, TITLE

cc: Human Resources Associate

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