



To: University of Kentucky

Dept. Head/Dean/Chair/Supervisor: \_\_\_\_\_

Please accept this letter as notification of my intent to retire. My last working day will be

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Thank you,

\_\_\_\_\_

(Print Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Signature) (Date)

#### Waiver Notification

I, Ivan Ralls, a qualified representative of the University of Kentucky College of Dentistry Agree to waive the required 30/90 day notification period for the above mentioned employee and do also agree to the requested retirement date listed above.

\_\_\_\_\_

Ivan Ralls

(Date)

Director of HR