



**MINISTRY OF LABOUR AND SMALL ENTERPRISE DEVELOPMENT
ON-THE-JOB TRAINING PROGRAMME**

Corner Chaguanas Main Road and Connector Road, Chaguanas

Tel: (868) 672-7107 Ext 4029 Fax: (868) 665-8651/ 671-3457

Website: ojtonline.org

RESIGNATION LETTER

Date: _____

Trainee's Name: _____

Trainee's Address: _____

Trainee's Contact: _____

Training Provider: _____

Department: _____

Name of Training Supervisor: _____

TO: The Senior Regional Coordinator _____

Regional Office _____ **Ministry of Labour and Small Enterprise Development On-the-Job-Training Programme**

I hereby submit my resignation from the On-the-Job-Training Programme. My last working day shall be _____ (dd/mm/yy).

Thank you for the opportunity to have availed of this training experience via the OJT Programme.

Respectfully,

Signature of Trainee

In keeping with best practices and good faith Trainees are asked upon their voluntary intent to exit the OJT Programme, to provide a minimum of seven (7) working days' notice of their intended resignation. This notification is necessary for administrative purposes.

