

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Re: Termination of Employment Due to Job Abandonment

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is terminated, effective [Effective Date], due to job abandonment.

Your approved leave of absence ended on [Leave End Date]. According to our records, you were expected to return to work on [Expected Return Date]. Since that date, you have failed to report to work and have not contacted your supervisor or the Human Resources department to request an extension or explain your absence.

We attempted to contact you via [Phone/Email/Mail] on [Date(s) of Contact Attempts], but we have received no response. As per company policy, failure to report to work for [Number] consecutive days without notification is considered job abandonment and a voluntary resignation of your position.

Regarding your final compensation and benefits:

- Your final paycheck, including pay for hours worked and any accrued paid time off, will be [mailed to your address / direct deposited] on [Date].
- Information regarding your benefits and [COBRA/Health Insurance] options will be sent to you under separate cover.
- Please return all company property, including [keys, laptop, ID badge, etc.], by [Date].

If you believe there has been an error regarding your return date or your communication, please contact [HR Contact Name] at [Phone Number] immediately.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Company Name]