

[Date]

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

Dear [Employee Name],

Please accept this letter as formal notification that your employment with [Company Name] is being terminated without cause, effective [Last Working Day Date].

This decision is not related to your individual performance. [Optional: This action is due to a restructuring/downsizing/business realignment].

Regarding your final compensation and benefits:

- Your final paycheck, including payment for hours worked through your final day and any accrued but unused vacation time, will be issued on [Date].
- Your health insurance coverage will continue until [Date]. You will receive separate documentation regarding COBRA or benefit conversion options.
- [Insert details regarding severance pay, if applicable].

Please return all company property, including [keys, laptop, ID badge, credit cards], to [Name/Department] by [Date].

We thank you for your contributions to the company and wish you the best in your future endeavors.

Sincerely,

[Your Name]  
[Your Title]  
[Company Name]