

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

[Date]

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

Subject: Notice of Termination of Employment

Dear [Employee Name],

Please be advised that your employment with [Company Name] is being terminated without cause, effective [Final Working Date].

This decision is not a reflection of your individual performance. [Optional: Brief reason such as company restructuring or business realignment].

Your final paycheck, which includes payment for work completed through your final date and any accrued but unused vacation time, will be [issued on your final day / mailed to your address on file by Date].

Regarding your benefits:

- Health insurance coverage will continue until [Date]. Information regarding COBRA or benefits extension will be sent via separate mail.
- [Include details regarding 401k, life insurance, or other benefits].

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

If you have any questions regarding your compensation or benefits, please contact [Name/Department] at [Phone Number/Email].

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

Sincerely,

[Signature]

[Name of Sender]
[Title]
[Company Name]