

[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 terminated, effective [Effective Date].

As an at-will employee, your employment is being terminated in accordance with the terms of your employment agreement and applicable laws. This decision is final.

Your final paycheck, which includes payment for work through your final date and any accrued but unused vacation time (if applicable), will be provided to you by [Date/Method].

Your health insurance and other benefits will continue until [Date]. Information regarding your right to continue coverage under COBRA or other plans will be sent to you under separate cover.

Please return all company property, including keys, security badges, laptops, and files, to [Department/Person] by [Date/Time].

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

Sincerely,

[Signature]
[Sender Name]
[Sender Title]