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

[Date]

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

Subject: Termination of Employment

Dear [Employee Name],

Please be advised that your employment with [Company Name] is terminated, effective [Effective Date].

This decision has been made due to continued inadequate work quality. Specifically, your performance has consistently failed to meet the required standards of your role as [Job Title]. This action follows previous discussions and warnings dated [Date(s) of previous warnings] regarding [specific performance issues, e.g., error rates, missed deadlines, or failure to follow protocols]. Despite our attempts to provide support and training, the necessary improvements have not been achieved.

Your final paycheck, including payment for all hours worked up to your final date and any accrued vacation time, will be issued on [Date] via [Payment Method].

Regarding company benefits:

- Your health insurance coverage will continue until [Date]. Information regarding COBRA will be sent via mail.
- Please return all company property, including [keys, laptop, ID badge], to [Department/Person] by [Date/Time].

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

Sincerely,

[Signature]
[Printed Name]
[Title]