[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, effective [Last Working Date], due to your inability to fulfill the essential duties and requirements of your position as [Job Title].

This decision follows several discussions regarding your performance and our attempts to provide support through [mention briefly: training/performance improvement plans/reasonable accommodations]. Despite these efforts, the required standards of your role have not been met.

Your final paycheck, which includes payment for work completed through [Last Date] and [mention: accrued vacation time/other benefits], will be issued on [Date] via [Payment Method].

Regarding your benefits, you will receive a separate package by mail detailing the status of your [Health Insurance/401k/Other Benefits] and information regarding COBRA coverage eligibility.

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

If you have any questions regarding your final compensation or benefits, please contact the Human Resources department at [Phone Number/Email].

Sincerely,

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