

[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 immediately, [Date].

This decision has been made because your professional [License/Certification Name], which is a mandatory requirement for your position as [Job Title], has been revoked by [Issuing Authority/Board] effective [Date of Revocation].

As per your employment agreement and company policy, maintaining valid professional credentials is a condition of your continued employment. Without these credentials, you are no longer legally or contractually qualified to perform the duties of your role.

Regarding your final compensation and benefits:

- Your final paycheck, including payment for hours worked through today [and accrued vacation time, if applicable], will be issued on [Date] via [Direct Deposit/Check].
- Information regarding your health insurance benefits and COBRA eligibility will be sent to you under separate cover.
- Please return all company property, including keys, ID badges, and electronic equipment, to [Department/Location] by [Time/Date].

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

Sincerely,

[Signature]  
[Name of Sender]  
[Title]