

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

[Date]

[Employee Name]
[Employee ID]
[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].

This decision has been made because your [Name of State License/Certification] has been [revoked / suspended / expired / not renewed]. As specified in your job description and employment agreement, maintaining a valid state operating license is a mandatory requirement for your position as [Job Title].

Due to the loss of this license, you are no longer legally authorized or qualified to perform the duties required for your role. Consequently, we can no longer continue your employment.

Regarding your final compensation:

- Your final paycheck, including pay for hours worked up to [Final Date], will be issued on [Date].
- [Include information regarding accrued vacation or PTO if applicable].
- Information regarding your benefits and COBRA eligibility will be sent to you under separate cover.

Please return all company property, including keys, ID badges, and equipment, to [Department/Name] by [Date].

Sincerely,

[Signature]

[Sender Name]
[Sender Title]