

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

[Date]

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

Re: Notice of Termination of Employment

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is terminated, effective [Effective Date].

On [Date of Test], you underwent a drug screening as required by our company policy. We received the official results on [Date Results Received], which indicate a positive result for [Substance, if applicable, or "prohibited substances"].

As outlined in the [Company Name] Employee Handbook and our Drug-Free Workplace Policy, a failed drug screen is a violation of the terms of your employment and is grounds for immediate termination.

Your final paycheck, including payment for hours worked up to [Final Work Date] and any accrued benefits as required by law, will be [mailed to your address / provided to you via direct deposit] on [Pay Date].

Please return all company property, including keys, ID badges, and electronic equipment, by [Return Date]. Information regarding your benefits status and COBRA eligibility will be sent to you in a separate package.

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

Sincerely,

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