

[Date]

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

Subject: Notice of Termination of Employment

Dear [Employee Name],

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

This decision has been made following your refusal to submit to a drug test on [Date], as requested by management. Under our company policy, which is outlined in the [Employee Handbook/Drug-Free Workplace Policy], refusal to undergo a drug or alcohol test is treated as a positive test result and constitutes a violation of company safety regulations and terms of employment.

Regarding your final compensation:

- Your final paycheck, including payment for hours worked through today and any accrued [PTO/Vacation time], will be [issued via direct deposit / mailed to your address] on [Date].
- Information regarding your benefits and [COBRA/Health insurance] will be sent to you under separate cover.

Please return all company property, including [keys, ID badges, laptops, or tools], to [Location/Name] by [Date/Time].

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

Sincerely,

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