

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

[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 a determination that you were in possession of controlled substances while on company premises/during working hours on [Date of Incident]. This conduct is a direct violation of our Drug-Free Workplace Policy and the Employee Code of Conduct, which strictly prohibits the possession, use, or distribution of illegal or unauthorized controlled substances.

As a result of this violation, your employment is being terminated for cause. Any company property, including keys, identification badges, and electronic devices, must be returned to the Human Resources department by [Time/Date].

Regarding your final compensation, you will receive payment for work performed through your final day of employment, as well as any accrued benefits as required by law. Information regarding your benefits status and COBRA eligibility will be sent to you under separate cover.

Please be advised that you are expected to maintain the confidentiality of any proprietary company information as per your signed employment agreement.

Sincerely,

[Signature]

[Name of Sender]  
[Title/Position]  
[Company Name]