

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

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 the incident on [Date of Incident] where you were found to be under the influence of [alcohol/drugs/illegal substances] while on duty. Your conduct on this date was a direct violation of our Drug and Alcohol Policy and the Employee Code of Conduct.

The evidence supporting this decision includes: [List evidence, e.g., witness reports, failed drug/alcohol test results, or physical observations].

Under the terms of your employment contract and our company policy, being under the influence of substances at work is considered gross misconduct, which warrants immediate dismissal without notice.

Regarding your final compensation and benefits:

- Your final paycheck, including payment for hours worked up to today and accrued vacation time, will be issued on [Date] via [Payment Method].
- Your health insurance coverage will end on [Date]. You will receive information regarding COBRA/benefits extension separately.

Please return all company property, including [keys, badges, laptop, etc.], to [Department/Person] by [Time/Date].

You are reminded of your ongoing obligations regarding [confidentiality/non-disclosure agreements] that you signed during your employment.

Sincerely,

[Your Name]

[Your Title]

[Company Name]