

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

[Date]

[Employee Name]
[Employee ID]

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 [Date].

This decision has been made following a confirmed violation of our Drug and Alcohol Policy. On [Date of Test/Incident], you [description of violation, e.g., tested positive for a prohibited substance / refused to submit to a required test].

As you are aware, your position as [Job Title] is classified as a Safety-Sensitive Role. Maintaining a drug-free workplace is critical to ensuring the safety of our employees, our clients, and the public. Under our company policy and [mention specific regulations if applicable, e.g., DOT regulations], a violation of this nature results in immediate termination of employment.

Regarding your final compensation and benefits:

- Your final paycheck, including payment for all hours worked up to [Date], will be [issued via direct deposit / mailed to your address on file] on [Date].
- [Details regarding accrued PTO/Vacation payout].
- [Information regarding COBRA or health insurance expiration].

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

If you have questions regarding your benefits or final pay, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Manager/HR Representative]
[Title]