

[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],

Please be advised that your employment with [Company Name] is terminated, effective immediately, [Date].

Following the workplace accident that occurred on [Date of Accident], you were required to undergo a post-accident drug screening in accordance with our Company Drug and Alcohol Policy. We have received the official results of this test, which indicate a positive result for [Optional: list substance or leave as "prohibited substances"].

The use of prohibited substances is a direct violation of our safety protocols and the [Name of Policy/Employee Handbook]. Due to the safety-sensitive nature of your position and the circumstances surrounding the accident, we have made the decision to terminate your employment.

Your final paycheck, including payment for all hours worked up to this date and any accrued [Vacation/PTO] (if applicable by law/policy), will be [provided to you today / mailed to your address on file / deposited into your account].

Information regarding your benefits, including [COBRA/Health Insurance] and any retirement accounts, will be sent to you in a separate mailing.

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

Sincerely,

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