

Date: [Current Date]

To: [Employee Name]

Employee ID: [Employee 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 a violation of our Fitness for Duty and Substance Abuse Policy. Specifically, your termination is based on the following:

- [Insert Details: e.g., A positive drug/alcohol test result conducted on (Date)]
- [Insert Details: e.g., Possession of prohibited substances on company premises]
- [Insert Details: e.g., Refusal to submit to a required fitness for duty screening]

As outlined in the Employee Handbook, maintaining a safe and drug-free workplace is a condition of employment. Your actions have been classified as a serious safety violation and a breach of company policy.

Your final paycheck, including payment for hours worked up to this date [and accrued vacation time, if applicable], will be issued via [Direct Deposit/Mail] on [Date].

Please return all company property, including keys, ID badges, and equipment, to [Department/Name] by [Time/Date]. Any benefits coverage will be handled according to policy, and you will receive separate documentation regarding your COBRA rights or benefit transitions.

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

Sincerely,

[Your Name]

[Your Title]

[Company Name]