

**Date:** [Date]

**To:** [Employee Name]

**Employee ID:** [Employee ID Number]

**Subject: Notice of Dismissal**

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is terminated, effective [Effective Date].

This decision has been made following an investigation into your unauthorized use of medication while on duty. It has been determined that on [Date of Incident], you were found to be [Description of violation, e.g., using prescription medication not prescribed to you / using medication that impaired your ability to work safely / violating the company drug and alcohol policy].

Your actions constitute a serious violation of our company policies regarding workplace safety and conduct. Specifically, you have violated [Policy Name/Section Number]. Given the nature of this violation and the potential safety risks involved, we have determined that dismissal is the necessary course of action.

Regarding your final arrangements:

- Your final paycheck, including payment for hours worked and any accrued leave, will be [mailed to your address / deposited into your account] by [Date].
- You are required to return all company property, including [List items: keys, ID badge, laptop, etc.], by [Date].
- Information regarding your benefits and COBRA coverage will be sent to you under separate cover.

If you have any questions regarding your final compensation or benefits, please contact [HR Representative Name] at [Phone Number/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]