

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

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 [Effective Date].

This decision has been made due to your removal from our commercial driving fleet. Specifically, you are no longer eligible to operate a commercial motor vehicle for the company because of: [Insert Reason: e.g., loss of CDL, medical disqualification, failed drug/alcohol test, or safety violations].

Since your job description requires a valid Commercial Driver's License (CDL) and adherence to Department of Transportation (DOT) safety standards, we are unable to continue your employment.

Please return all company property, including vehicle keys, fuel cards, electronic logging devices, and company identification, by [Return Date].

Your final paycheck, including [mention any accrued PTO or benefits], will be [issued/mailed] on [Date]. Information regarding your benefits and COBRA eligibility will be sent to you under separate cover.

Sincerely,

[Your Name]

[Your Title]

[Company Name]