**Date: [Enter Date]**

**Transmitted by: [Enter Mode of Transmission (certified mail, in person, etc.)]**

**To: [Enter Name and Address for Intended Recipient]**

**Dear [Enter recipient's first name]:**

This letter serves as formal notice that your employment with [Enter Name of Employer] has been terminated as of [Enter Date of Effective Termination]. This is a final decision and is not subject to review.

[OPTIONAL]: As we discussed during our meeting on [Enter Date of Termination Meeting], you are entitled to a severance package, which includes [Enter Total Amount of Severance Payment]. You are also entitled to [Enter Compensation for Accrued, but Unused PTO, Accrued paid sick time or leave, if applicable].

[OPTIONAL]: In exchange for the severance package, you agreed to [Enter Terms of Release, if any]. You also agreed to honor the terms of your [NonCompete/NonSolicitation/Confidentiality Agreement] for a period of [Enter Time of Restriction] and within a distance of [Enter Number of Miles] from [Enter Name of Employer]'s office located at [Enter Employer's Address]. Please be advised that our internal HR department, as well as our legal counsel, [Enter Name of Legal Counsel], will be monitoring the status of these agreements.

We have received from you your [Access Card/Security Badge/Key Card], together with your [Company-Owned Cellular Phone/Company-Owned Laptop Computer].

In accordance with [Enter Employee's Home State Name] law, your final paycheck, which includes the aforementioned severance and unused benefits compensation, [will be sent to you by (Enter Date for Deadline of Termination Pay Requirement) via certified mail, with return receipt requested] or [was provided to you in-person by (Enter Name of Person) at the time of your meeting on (Enter Date of Meeting).

If you would like to collect any personal belongings that were left at the office, please call or email [Enter Name of Contact in HR] at [Enter HR Contact Telephone Number] or [Enter HR Contact Email Address]. We will then arrange to have your belongings shipped to you as soon as possible, and at no expense to you.

[OPTIONAL]: You will also receive a separate notification from the HR department concerning your post-termination employment benefits. This letter will provide you with information regarding your eligibility for continuation of health care benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA) and any state regulations pertaining to the continuation of your benefits.

Please be aware that you should keep us informed regarding your contact information so that we can provide you with information and documentation in the future, including updates regarding your benefits status and your tax paperwork.

We sincerely wish you the best of luck in your future endeavors. If I can be of any further assistance, please do not hesitate to contact me.

Very truly yours,

[Enter Name of HR Representative or Employer]