Employer or Human Resources Person’s Name
Company’s Name
Company’s Address
City, State, Zip Code

DATE

Employee’s Name
Employee’s Address
City, State, Zip Code

RE: Employment Termination Letter

Dear Name of Employee,

This letter is formal confirmation of our discussion today about your termination of services for this company. As mentioned in the meeting, two departments are combining and your services will no longer be required. It was also mentioned that your work for this company was excellent. The termination is effective immediately.

A release of claims document is enclosed for you to sign and return to me. Once you have done this, you will receive two weeks’ severance pay in accordance with our company policy for employees who have been with the company less than one year.

Along with your severance salary, you will receive any Paid Time Off that you have accrued. This will be available on our regular pay day at the reception desk. If you prefer, we can mail it to your home.

In another letter, you will receive information about the status of your benefits including your eligibility for Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation of group health coverage.

At the termination meeting you gave your security swipe card, office key and the company-owned laptop.

If your contact information changes, you must update the company, so we can send you any information such as your W-2 form.

Please let me know if we can help you in any way during this transition period.

Sincerely,

Signature of Human Resources Representative or Company Owner
Printed Name of Human Resources Representative or Company Owner
List of Enclosures