



Division of Human Resources
**Notification of Termination During
Initial Probationary Period**

Sample Format

LETTERHEAD

DATE

NAME

ADDRESS

CITY/STATE/ZIP CODE

Dear Mr./Ms. NAME:

This is to notify you that you are being terminated from your [CLASS TITLE] position in [ORGANIZATIONAL UNIT] effective at the close of business on [DATE]. The reason for termination is your failure to successfully complete your probationary period.

If you currently have health insurance through USF, you will receive information from State of Florida People First explaining your right to continue your coverage under COBRA. Also, I encourage you to contact a Benefits Representative in Human Resources at (813) 974-2970 for any questions you may have regarding your benefits.

Sincerely,

NAME

TITLE

Copy to: [INSERT AS APPLICABLE]
HR Personnel File