Letter of Termination of Employment

Use the paragraph that fits: Option A states the reason (for cause); Option B confirms the end of at-will employment without detailing a reason. Delete the option you do not use. Replace every [Placeholder]. Have HR or counsel review before delivery, especially if the employee has recently complained, taken leave or requested accommodation.

HEADER

[Company Legal Name]
[Company Address]

[Date]

PERSONAL AND CONFIDENTIAL
Delivered [by hand / by email to [Personal Email Address] / by certified mail]

[Employee Full Name]
[Employee Home Address]
Employee ID: [Employee ID]

NOTICE OF TERMINATION

Dear [Employee Name],

This letter confirms that your employment with [Company Legal Name] as [Job Title] in [Department] ends effective [Termination Date] [at the end of your shift / at the close of business]. [You met with [Manager Name] and [HR Representative Name] on [Meeting Date], when this decision was explained to you.]

OPTION A: REASON FOR TERMINATION (FOR CAUSE)

Your employment is being terminated because [state the reason factually, e.g. of continued violations of the Company's Attendance Policy / of a violation of the Company's [Policy Name] on [Date of Incident], when you [brief factual description]].

[If prior steps occurred:] This follows [a verbal warning on [Date], a written warning on [Date] and a final written warning on [Date] / a performance improvement plan that began on [Date] and ended on [Date]]. In each case, you were told what needed to change and that further issues could lead to termination.

OPTION B: AT-WILL TERMINATION (NO DETAILED REASON)

As you know, your employment with the Company is at will, which means either you or the Company may end the employment relationship at any time, with or without cause or notice. The Company has decided to end your employment as of the date above.

FINAL PAY

You will receive your final paycheck, including all wages earned through [Termination Date] [and payment for [number] hours of accrued, unused paid time off, as provided by Company policy and applicable law], on [Date / your last day / the next regular payday, [Date]]. It will be paid by [direct deposit to your account on file / check delivered to your home address]. [Any outstanding commissions or bonuses earned under the [Plan Name] will be paid according to the terms of that plan.] Please

submit any outstanding expense reports by [Date].

BENEFITS

Your [medical, dental and vision] coverage will end on [Benefits End Date]. You will receive a separate notice explaining your right to continue group health coverage under COBRA [or state continuation law], including costs and deadlines for electing coverage. [Information about your 401(k) account, life insurance conversion options and any flexible spending account balance will be sent separately by [Benefits Provider / HR].]

SEVERANCE (OPTIONAL)

[If offering severance:] The Company is offering you severance pay of [amount / number of weeks of base pay], subject to your signing and not revoking the enclosed Separation Agreement and General Release. Please read it carefully. You have [21 / 45] days to consider it and [7] days after signing to revoke it. You are encouraged to consult an attorney before signing. If you do not sign, you will still receive your final pay and benefits information described in this letter.

COMPANY PROPERTY

Please return all Company property in your possession by [Date], including [laptop, phone, ID badge, keys, access cards, tools, uniforms, documents and files]. [A prepaid shipping box will be sent to your home address / You may return items to [Name] at [Location].] Your access to Company systems [has been / will be] disabled as of [Date and Time]. Any personal items remaining at your workstation will be [returned to you by [Date] / available for pickup on [Date]].

CONTINUING OBLIGATIONS

Please remember that your obligations under the [Confidentiality Agreement / Non-Solicitation Agreement / Invention Assignment Agreement] you signed on [Date] continue after your employment ends. A copy is enclosed for your reference.

CLOSING

If you have questions about your final pay, benefits or the return of property, please contact [HR Contact Name], [Title], at [Phone Number] or [Email Address].

Sincerely,

[Signer Name]
[Signer Title]
[Company Legal Name]

Enclosures: [COBRA notice (or sent separately by administrator) / state separation or unemployment notice / Separation Agreement / copy of signed agreements]

ACKNOWLEDGMENT OF RECEIPT

☐ I acknowledge that I received this letter. My signature does not mean I agree with its contents.

Employee signature

Date

Date received

If the employee declined to sign: witness name and note

Witness signature

Date