

DATE: \_\_\_\_\_

Notice of Employment Termination

[Business Information]

Employee Information

Employee Name	
Job Title	
Department	
Employee ID	
Date	

This letter serves as formal notification that your employment with [Company Name] is terminated effective [Date].

Factual Summary of Events

Describe the conduct or performance issue using objective, fact-based language. Include dates, times, locations, and prior documented actions.


Policy or Expectation Violated

Identify the specific company policy, standard, or expectation that was not met.


Business Impact

Explain how the issue affected operations, team performance, safety, or customer experience.


Prior Expectations Communicated

☐ Verbal Coaching    ☐ Written Warning    ☐ Final Warning    ☐ Other: \_\_\_\_\_

Final Pay & Compensation

Provide details regarding final pay, PTO payout, severance, and reimbursements in accordance with applicable laws.


Benefits Continuation

Describe the impact on benefits (e.g., COBRA eligibility and retirement accounts).


**Return of Company Property**

List all company property that is to be returned.


**System Access & Confidentiality**

Employee access to company systems and facilities will be revoked immediately. Confidentiality obligations remain in effect.

**Employment Verification**

Employment verification requests will be handled per company policy.

**Dispute Resolution**

If the employee wishes to dispute this decision, a written request must be submitted within \_\_\_\_\_ days.

**Acknowledgment**

Signature confirms receipt, not agreement.

Role	Signature	Date
Employee		
Manager		
Human Resources		

This document is intended as a structured documentation tool and should be used in alignment with company policy and applicable laws. Organizations should review for compliance with local, state, and federal requirements. Consistent and objective documentation supports fair and defensible employment decisions.