

FROM / EMPLOYER

TITLE

DATE

ORGANIZATION

PHONE

EMAIL

SENDER ADDRESS

TO / EMPLOYEE

TITLE / DEPARTMENT

ORGANIZATION

RECIPIENT ADDRESS

RE:

Dear

This letter confirms that your employment will end on the effective date and time stated below, subject to any controlling law, agreement, policy, or government order.

EFFECTIVE / LETTER REFERENCE

EFFECTIVE DATE

TIME / TIME ZONE

LAST DAY WORKED

SEPARATION CLASSIFICATION

REASON AND DECISION RECORD

A reason need not be stated here unless the Employer elects or is required to provide one. Any reason stated should be verified, specific, consistent with the decision record, and reviewed for compliance with applicable law and policy.

Reason treatment:

☐ Not stated in this letter ☐ Stated below ☐ Provided in an attached record

VERIFIED REASON (OPTIONAL)

POLICY, NOTICE, REVIEW OR SUPPORTING RECORD

FINAL PAY, LEAVE AND EXPENSES

EXPECTED FINAL PAY DATE

PAYMENT METHOD

PTO / LEAVE TREATMENT

EXPENSE SUBMISSION DEADLINE

PAYROLL CONTACT / QUESTIONS

Final wages, accrued paid time off, deductions, commissions, expenses, and timing will be handled as required by applicable law and the governing plan or policy.

BENEFITS AND CONTINUATION INFORMATION

BENEFITS END DATE

BENEFITS / COBRA CONTACT

PHONE

EMAIL

Benefit end dates and continuation or conversion rights are governed by the plans and applicable law. The contact above can provide plan notices, including COBRA information where applicable.

PROPERTY, RECORDS AND ACCESS

Items to return or coordinate:

- ☐ Keys, badges, cards, equipment, devices, files and records ☐ Accounts, credentials, remote access and shared drives
- ☐ Confidential information stored on personal devices

PROPERTY RETURN DATE / TIME

RETURN CONTACT / LOCATION

ADDITIONAL ADMINISTRATIVE DETAILS / DELIVERY RECORD

This notice does not ask you to release claims, waive rights, admit the stated reason, or agree that all amounts are correct. Any separate agreement must identify its own consideration, review period, revocation rights, and other required terms.

Sincerely,

DATE

EMPLOYER AUTHORIZED SIGNER SIGNATURE

PRINTED NAME

TITLE / CAPACITY

ACKNOWLEDGMENT

The Employee signature acknowledges receipt only. It does not indicate agreement with the reason, release a claim, waive a right, or admit that pay or benefit information is correct.

EMPLOYEE · RECEIPT ONLY SIGNATURE