TERMINATION OF EMPLOYMENT

Company: _____

Date: _____ Delivered by: _____

To (employee): _____

Re: Termination of employment

Dear _____:

1. NOTICE OF TERMINATION

This letter confirms that your employment with _____ (the "Company") as _____ will end on _____.

(check one) [ ] Your position is being eliminated. [ ] Your job performance has not met the standards of your position. [ ] Your conduct violated Company policy. [ ] Your temporary job or contract ends as scheduled. [ ] No reason is given.

Details (leave blank if no reason is given): _____.

2. FINAL PAYCHECK

Your final paycheck, covering all wages earned through your last day of employment, will be paid on _____ by (check one) [ ] hand delivery [ ] direct deposit [ ] mail to your address on file. Many states set a short deadline for final pay after a termination, sometimes the same day; check your state's rule before you fill in this date.

3. VACATION AND PAID TIME OFF

(check one) [ ] Your final pay includes payment for _____ of accrued, unused vacation or paid time off. [ ] Under the Company's written policy, unused vacation is not paid out (not allowed in some states, including California, Colorado, Illinois, Louisiana and Nebraska). [ ] The Company does not provide paid vacation.

4. BENEFITS

Your coverage under the Company's benefit plans ends on _____, except as the terms of a plan provide otherwise. If you have a right to continue your health coverage, you will receive a separate written notice explaining that right.

5. COMPANY PROPERTY

Please return the following Company property by _____: _____.

This general template is provided for informational purposes only and does not constitute legal advice. Requirements vary by state and locality; review current law and attach any disclosures or addenda your situation requires before signing. For a guided state-specific document, visit lawvault.org.

6. SEVERANCE AND CONTINUING OBLIGATIONS

[ ] The Company is offering severance under a separate severance agreement, which is enclosed and controls. [ ] You signed an agreement with the Company that includes confidentiality or other obligations that continue after your employment ends.

7. UNEMPLOYMENT INSURANCE AND QUESTIONS

You may be able to apply for unemployment insurance benefits through your state's unemployment insurance program. That program, not the Company, decides whether you qualify. Some states require employers to enclose a separation notice or pamphlet.

If you have questions, please contact _____ at _____.

Enclosures: _____

8. ACKNOWLEDGMENT OF RECEIPT (OPTIONAL)

I received a copy of this letter on _____. My signature confirms only that I received it, not that I agree with it.

Employee signature: _____ Printed name: _____

SIGNATURES

Employer (name, title and company)

Signature: _____ Date: _____

Printed Name: _____

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