

EMPLOYMENT TERMINATION LETTER

[Today's Date]

Dear [Employee Name],

This letter is intended to officially inform you that your position with [Company Name] will be terminated as of [Termination Date].

This decision has been made for the following reasons:

- [Include reasons for termination]

Please understand that this decision is definitive and cannot be changed.

You may be eligible for the following benefits and compensations:

- [Detail any compensation or benefits the employee is entitled to]

Regarding your healthcare coverage:

- [Explain the status of the employee's health insurance policy]

We ask that you return [specify items that need to be returned] by [specified return date].

It's important to remember that you are still bound by certain agreements made during your employment, including:

- [List any agreements or clauses still in effect after termination]

Should you have any questions or need clarification about your final salary, available benefits, or insurance policies, please do not hesitate to reach out to [Contact Person's Name, Email, and Phone Number].

Best regards,

[Your Signature]

[Your Name and Position]