

# Employment Termination Agreement

Date: [Insert Date]

From: [Employer's Name] [Employer's Address] [City, State, Zip Code]

To: [Employee's Name] [Employee's Address] [City, State, Zip Code]

Dear [Employee's Name],

This letter serves as a formal Employment Termination Agreement by mutual consent between [Employer's Name] and [Employee's Name], effective as of [Effective Date].

Both parties agree to the following terms:

1. The last working day for [Employee's Name] will be [Last Working Day].
2. All company property must be returned by [Return Date].
3. [Employee's Name] will receive a final paycheck inclusive of all compensation due, to be paid by [Payment Date].
4. This agreement releases both parties from any further claims or obligations arising from employment.

By signing below, both parties acknowledge and accept the terms of this Employment Termination Agreement.

\_\_\_\_\_  
[Employer's Name], [Title]

Date: \_\_\_\_\_

\_\_\_\_\_  
[Employee's Name]

Date: \_\_\_\_\_

If you have any questions regarding this agreement, please contact [Contact Information].

Sincerely,

[Employer's Name]

[Employer's Title]

[Company Name]

[Phone Number]

[Email Address]