

Termination Notification

Date: [Insert Date]

[Healthcare Professional's Name]

[Healthcare Professional's Address]

[City, State, Zip Code]

Dear [Healthcare Professional's Name],

We regret to inform you that your employment with [Healthcare Facility/Organization Name] will be terminated effective [Insert Termination Date]. This decision has been made after careful consideration and is in accordance with organizational policies.

As part of your termination, you will be provided with a severance package as follows:

- Severance Pay: [Insert Amount/Details]
- Continuation of Health Benefits: [Insert Duration/Details]
- Outplacement Services: [Insert Details]

Please arrange to complete any outstanding matters and return all property belonging to [Healthcare Facility/Organization Name] by your last working day.

If you have any questions regarding this notice or your severance details, please feel free to contact [Insert Contact Name] at [Insert Contact Information].

We appreciate the contributions you have made during your time here and wish you the best in your future endeavors.

Sincerely,

[Your Name]

[Your Job Title]

[Healthcare Facility/Organization Name]

[Contact Information]