

Termination of Employment

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We regret to inform you that your employment with [Healthcare Facility Name] is being terminated effective immediately as of [Termination Date]. This decision has been made due to ongoing performance issues that have not improved despite feedback and support provided to you during your time with us.

As discussed in our previous meetings, we have documented concerns regarding your [specific performance issues, e.g., patient care standards, adherence to protocols, etc.]. Despite our efforts to support your development in these areas, there has been insufficient progress.

For your records, your final paycheck will include any accumulated leave and will be delivered to you by [Date]. Please return any company property in your possession by [Return Date].

We wish you all the best in your future endeavors.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]