

# Notification of Job Termination

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 [Company Name] will be terminated effective [Effective Termination Date]. This decision has been made in accordance with company policies and [reason for termination if applicable].

Your final paycheck, including any accrued vacation days, will be provided to you on your last working day, along with information regarding the continuation of your insurance benefits.

As of your termination date, your eligibility for insurance benefits will cease. You have the option to continue your health insurance coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). A separate notice concerning your COBRA rights will be sent to you shortly.

We appreciate your contributions to the company and wish you the best in your future endeavors.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]