

Adverse Action Decision

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

Dear [Employee's Name],

We regret to inform you that after careful consideration, we have decided to terminate your employment with [Company Name], effective immediately on [Termination Date]. This decision was made based on [briefly specify the reasons, e.g., performance issues, violation of company policy, etc.].

You have the right to request a copy of the documentation supporting our decision. If you believe this decision was made in error, you may appeal by submitting a written appeal to [Contact Person/Department] by [Deadline for Appeal].

We appreciate your contributions during your time with us and wish you the best in your future endeavors.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[Company Phone Number]