

# Involuntary Separation Communication

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee ID: [Insert Employee ID]

Department: [Insert Department]

Dear [Employee Name],

We regret to inform you that, effective [Insert Effective Date], your employment with [Company Name] will be terminated due to [briefly state reason, e.g., company restructuring, performance-related issues, etc.]. This decision was made after careful consideration of all available options.

Please attend a meeting on [Insert Meeting Date and Time] in [Insert Meeting Location], where we will discuss this decision in detail and outline the next steps regarding your transition from the company.

You will receive your final paycheck, which includes payment for any unused vacation days, on your next scheduled payday. Information regarding your benefits and options for COBRA continuation coverage will also be provided during our meeting.

We appreciate your contributions to [Company Name] during your time with us, and we wish you the best in your future endeavors.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]