EMPLOYEE TERMINATION LETTER

Company Name: _____

Company Address: _____

Employee Name: _____

Employee Address: _____

Subject: Termination of Employment
Dear Employee,

This letter serves as formal notice of the termination of your employment with the Company, effective immediately.

Reason for Termination
The decision to terminate your employment is based upon the following reason(s):

- Performance Issues
Failure to meet the performance standards and expectations set forth by the Company.

- Violation of Company Policies
Breach of Company policies, rules, or codes of conduct.

- Other
Any other lawful reason consistent with Company policy and applicable law.

Severance and Final Pay
You will receive all earned wages, including payment for accrued but unused vacation time, up to the date of termination, in accordance with applicable federal and state laws. Any severance payments, if applicable, will be provided pursuant to the terms of your employment agreement or Company policy.

Benefits
Your health insurance and other benefits will continue in effect in accordance with the terms of the applicable plans and law. Information regarding your rights under COBRA and other applicable continuation coverage laws will be provided separately.

Return of Company Property
Please return all Company property in your possession, including but not limited to keys, equipment, documents, and electronic devices, on or before your last day of employment.

Confidentiality and Non-Disclosure
You are reminded of your ongoing obligations under any confidentiality, non-disclosure, or non-compete agreements you signed during employment, which remain in effect after termination.

Release of Claims
This termination does not waive any rights or claims the Company may have against you, nor does it waive any rights you may have against the Company, except as may be expressly set forth in any applicable severance or settlement agreement.

Unemployment Benefits
You may be eligible to apply for unemployment benefits through your state's unemployment insurance program. Eligibility and benefits are determined by the relevant state agency.

Acknowledgment
Please sign and return a copy of this letter to acknowledge your receipt and understanding of the termination of your employment.

Sincerely,

_____
_____

Authorized Company Representative
Employee Signature

Date: _____
Date: _____

AUTHORIZED COMPANY REPRESENTATIVE **EMPLOYEE SIGNATURE**

Signature: _____ Signature: _____

Date: _____ Date: _____

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