

LETTER OF TERMINATION OF EMPLOYMENT

Company Name: _____

Company Address: _____

Employee Name: _____

Employee Address: _____

Dear Employee,

This letter serves as formal notice of the termination of your employment with the Company. Please be advised that your employment relationship with the Company will cease effective immediately as per the terms outlined below.

1. Termination of Employment

Your employment with the Company is hereby terminated. You are required to cease all work-related activities as of the date of delivery of this letter.

2. Final Compensation

The Company will provide you with your final paycheck, which will include all earned wages, accrued but unused vacation pay, and any other benefits owed to you under federal and state law. This payment will be made in accordance with the Company's usual payroll schedule, but no later than the time frame mandated by law.

3. Benefits and COBRA

Your eligibility for employee benefits will end on the date of termination. You may have the right to continue certain health insurance coverage through COBRA or state continuation coverage laws. The Company will provide you with information about your rights and options separately.

4. Return of Company Property

You are required to return all Company property, including but not limited to keys, identification cards, computers, phones, documents, and any confidential information, no later than your last day of employment or upon receipt of this letter.

5. Confidentiality and Non-Disclosure

You remain bound by any confidentiality, non-disclosure, and proprietary rights agreements signed during your employment. You are strictly prohibited from disclosing any confidential or proprietary information of the Company at any time.

6. Non-Disparagement

Both you and the Company agree not to make any disparaging or defamatory statements about the other party to third parties.

7. Severance (if applicable)

If a severance package has been offered, it will be detailed in a separate agreement. Acceptance of any severance benefits may require you to sign a release of claims against the Company.

8. Legal Compliance

This termination is made in accordance with all applicable federal, state, and local employment laws, including the Fair

Labor Standards Act, the Family and Medical Leave Act, the Americans with Disabilities Act, and any other relevant statutes.

9. Governing Law and Venue

This letter and the termination of employment shall be governed by and construed in accordance with the laws of the State of _____. Any disputes arising out of or relating to this letter shall be subject to the exclusive jurisdiction of the courts located in _____ County, _____.

10. Acknowledgment of Receipt

Please sign below to acknowledge receipt and understanding of this Letter of Termination of Employment. Signing does not necessarily indicate agreement with its contents but serves as evidence of receipt.

EMPLOYEE'S SIGNATURE

COMPANY REPRESENTATIVE

Signature: _____

Signature: _____

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