EMPLOYEE TERMINATION LETTER

1. 1. Company Letterhead and Date

[COMPANY NAME]. [COMPANY STREET ADDRESS]. [CITY, STATE, ZIP]. [COMPANY PHONE NUMBER]. Date: [DATE OF LETTER]. Print on official company letterhead. Prepare the letter before the termination meeting, have it reviewed by human resources, and deliver the signed original to the employee at the meeting rather than afterward, so the effective date and the delivery date are not in question.

2. 2. Employee and Delivery

[EMPLOYEE FULL NAME]. [EMPLOYEE HOME STREET ADDRESS]. [CITY, STATE, ZIP]. Employee ID: [EMPLOYEE ID]. Delivered by: [DELIVERY METHOD, e.g., hand delivery at the meeting on (DATE) with a copy sent by certified mail and to (PERSONAL EMAIL ADDRESS)]. Dear [EMPLOYEE FIRST NAME], Send a copy to the employee's personal address and personal email, since company email access typically ends the same day and the employee will need the letter for unemployment and benefits purposes.

3. 3. Notice of Termination

This letter confirms that your employment with [COMPANY NAME] is terminated effective [EFFECTIVE DATE OF TERMINATION]. This decision is final. The separation is classified as [SEPARATION CLASSIFICATION, e.g., termination without cause / position elimination / reduction in force / end of fixed-term assignment / termination following documented performance concerns], and the basis is [BRIEF FACTUAL BASIS AS DOCUMENTED IN THE PERSONNEL FILE]. This letter is limited to confirming the decision and the administrative arrangements that follow, and it does not attempt to restate the full history of the matter, which is recorded in your personnel file.

4. 4. Effective Date and Final Day Worked

Your last day of active work is [LAST DAY WORKED] and your employment ends on [EFFECTIVE DATE OF TERMINATION]. [IF APPLICABLE: You will be paid through (PAY-THROUGH DATE) whether or not you are asked to perform work during that period.] Your access to company systems, email, building entry, and shared drives will be disabled effective [ACCESS TERMINATION DATE AND TIME]. If you need to retrieve personal files or personal items from your workspace, contact [CONTACT NAME] at [CONTACT PHONE OR EMAIL] to arrange a supervised time on or before [PERSONAL PROPERTY DEADLINE].

5. 5. Final Pay

You will receive your final paycheck covering all wages earned through [LAST DAY WORKED]. The final payment is scheduled for [FINAL PAY DATE] and will be delivered by [FINAL PAY METHOD, e.g., direct deposit to the account on file / check mailed to your home address]. The final payment [includes / does not include] payment for accrued and unused paid time off in the amount of [PTO PAYOUT AMOUNT OR "as determined under company policy and applicable state law"]. It also reflects [ANY OTHER ITEMS, e.g., approved outstanding expense reimbursements of (AMOUNT), the final commission calculation for (PERIOD)] and any deductions authorized in writing or required by law. If you believe any amount is incorrect, contact [PAYROLL CONTACT NAME] at [PAYROLL CONTACT EMAIL OR PHONE].

6. 6. Benefits and Continuation Coverage

Your coverage under the company health, dental, and vision plans ends on [BENEFITS END DATE]. You will receive separate written information about your right to elect continuation coverage, including the applicable

election deadline and premium amounts, sent to [ADDRESS FOR BENEFITS NOTICES] by [BENEFITS NOTICE DATE]. Your participation in [OTHER BENEFIT PLANS, e.g., the 401(k) plan, life insurance, disability coverage, flexible spending account] ends or converts as described in the plan documents, and the plan administrator [PLAN ADMINISTRATOR NAME AND CONTACT] can explain your options. Please direct benefits questions to [BENEFITS CONTACT NAME] at [BENEFITS CONTACT EMAIL OR PHONE] rather than to your former manager.

7. 7. Return of Company Property

Please return all company property on or before [PROPERTY RETURN DEADLINE], including [LIST OF PROPERTY, e.g., laptop and charger, monitor, mobile phone, security badge, building and office keys, corporate credit card, parking pass, uniforms, tools, customer files, and any documents or media containing company information]. Return items to [RETURN CONTACT NAME] at [RETURN LOCATION], or use the prepaid shipping label provided if you work remotely. You will receive a written receipt listing the items returned. You are also asked to permanently delete company data from any personal device, cloud account, or storage medium and to confirm in writing that you have done so.

8. 8. Continuing Obligations

Certain obligations from your employment continue after your last day. These include your obligations under [LIST APPLICABLE AGREEMENTS, e.g., the Confidentiality and Invention Assignment Agreement dated (DATE), the Non-Solicitation Agreement dated (DATE)], which remain in effect according to their terms. In particular, you may not use or disclose confidential company or customer information, and you may not retain copies of company documents or data. Copies of the agreements referenced above are enclosed for your reference. Nothing in this letter or in those agreements prevents you from filing a charge with, or participating in an investigation by, a government agency, or from discussing wages, hours, or working conditions to the extent protected by law.

9. 9. Unemployment, References, and Questions

You may be eligible to apply for unemployment insurance benefits through [STATE UNEMPLOYMENT AGENCY NAME AND WEBSITE], and eligibility is determined by that agency rather than by the company. [IF REQUIRED IN YOUR STATE: The separation notice required by state law is enclosed.] Requests for employment references should be directed to [HR CONTACT NAME] at [HR CONTACT EMAIL OR PHONE]; consistent with company policy, we confirm dates of employment and job title, and disclose additional information only with your written authorization. If you have questions about anything in this letter, please contact [PRIMARY HR CONTACT NAME] at [PRIMARY HR CONTACT EMAIL OR PHONE].

10. 10. Signature and Acknowledgment of Receipt

Sincerely, _____. [AUTHORIZED SIGNER FULL NAME]. [AUTHORIZED SIGNER TITLE]. [COMPANY NAME]. Date: [DATE]. Acknowledgment of receipt: I acknowledge that I received a copy of this letter on the date written below. My signature confirms receipt only and does not indicate agreement with the decision or waive any right or claim. Employee signature: _____. Printed name: [EMPLOYEE FULL NAME]. Date: [DATE]. If the employee declines to sign, the person delivering the letter should note the date, time, method of delivery, and any witness, and retain that note with the file copy.

11. Disclaimer

This template is provided for general informational purposes only and is not legal advice. Termination is one of the most heavily regulated events in employment, and requirements differ substantially by state: final pay may be due

on the last day worked or on the next regular payday, payout of accrued vacation may be mandatory or discretionary, and some states require specific separation notices or unemployment insurance pamphlets at the time of termination. Group layoffs may trigger advance notice obligations, and terminations involving protected activity, leave, medical conditions, or a release of claims require careful handling. Have counsel review the letter and the surrounding process before delivering it. Use of this template does not create an attorney-client relationship with ScanContract.