JOB ABANDONMENT 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. Before sending, confirm with payroll and the supervisor that the absences were genuinely unapproved and that no leave request, accommodation request, or workers compensation claim is pending, because any of those changes how the situation must be handled.

2. 2. Employee and Delivery Method

[EMPLOYEE FULL NAME]. [EMPLOYEE HOME STREET ADDRESS]. [CITY, STATE, ZIP]. Employee ID: [EMPLOYEE ID]. Sent by: [DELIVERY METHODS USED, e.g., certified mail with return receipt requested, first class mail, and email to (PERSONAL EMAIL ADDRESS)]. Tracking number: [CERTIFIED MAIL TRACKING NUMBER]. Dear [EMPLOYEE FIRST NAME], Send by more than one method and retain proof of each, since the entire value of this letter depends on being able to show that a genuine attempt at delivery was made to the last known address on file.

3. 3. Record of Unreported Absences

Our records show that you have not reported for your scheduled shifts on the following dates and have not requested or received approval for the absences: [DATE 1 — SCHEDULED SHIFT TIME], [DATE 2 — SCHEDULED SHIFT TIME], [DATE 3 — SCHEDULED SHIFT TIME], [ADDITIONAL DATES]. Your last day physically at work was [LAST DAY WORKED]. No call-in, message, leave request, or medical documentation has been received from you covering these dates. If our records are incorrect, or if you did notify someone and it was not recorded, please contact us immediately so we can correct the file.

4. 4. Attempts to Contact You

We have made the following attempts to reach you. [DATE AND TIME] — telephone call to [PHONE NUMBER] by [CALLER NAME] — [OUTCOME, e.g., no answer, voicemail left]. [DATE AND TIME] — text message to [PHONE NUMBER] by [SENDER NAME] — [OUTCOME]. [DATE AND TIME] — email to [EMAIL ADDRESS] by [SENDER NAME] — [OUTCOME]. [DATE AND TIME] — call to your listed emergency contact, [EMERGENCY CONTACT NAME] at [PHONE NUMBER] — [OUTCOME]. [DATE] — letter mailed to your address on file — [OUTCOME]. We have not received a response to any of these attempts as of the date of this letter.

5. 5. Company Policy on Job Abandonment

Under [POLICY SOURCE, e.g., the Employee Handbook, Section (NUMBER), Attendance and Job Abandonment], an employee who is absent for [NUMBER] or more consecutive scheduled work days without notifying the Company and without approved leave is considered to have voluntarily resigned their position, effective the first day of the unreported absence. You acknowledged receipt of this policy on [HANDBOOK ACKNOWLEDGMENT DATE]. A copy of the relevant policy section is enclosed with this letter for your reference. This policy applies regardless of the reason for the absence unless the absence qualifies for protected leave or another legally protected status.

6. 6. Deadline to Respond

You must contact [CONTACT NAME], [TITLE], at [CONTACT PHONE NUMBER] or [CONTACT EMAIL

ADDRESS] no later than [RESPONSE DEADLINE DATE AND TIME] to explain your absence and confirm whether you intend to return to work. If your absence is related to a medical condition, an injury, a family emergency, military service, or any other circumstance that may qualify for protected leave or a reasonable accommodation, please tell us so we can provide the appropriate forms and consider your situation before any separation is processed. We want to hear from you before taking further action, and a response by the deadline will pause the process described below.

7. 7. Consequence if You Do Not Respond

If we do not hear from you by [RESPONSE DEADLINE DATE AND TIME], the Company will conclude that you have voluntarily resigned your employment by abandoning your position, and your separation will be recorded as a voluntary resignation effective [EFFECTIVE SEPARATION DATE]. Your access to company systems, email, and facilities will be disabled, your position may be filled, and your final pay and benefits will be processed as described below. This outcome is avoidable: a single phone call or email before the deadline is sufficient to stop it and open a conversation about your situation.

8. 8. Final Pay, Benefits, and Company Property

If the separation proceeds, your final paycheck covering all wages earned through [LAST DAY WORKED] will be issued on [FINAL PAY DATE] by [PAYMENT METHOD, e.g., direct deposit to the account on file / check mailed to the address above], together with any payout of accrued and unused paid time off required under company policy and applicable state law. Your health coverage will end on [BENEFITS END DATE], and information about continuation coverage will be mailed to the address above. You must return all company property, including [LIST OF PROPERTY, e.g., laptop, phone, badge, keys, uniforms, tools, corporate card], to [RETURN CONTACT AND LOCATION] or by using the prepaid shipping label enclosed. Contact [PAYROLL OR HR CONTACT] with any questions about final pay.

9. 9. Signature

We hope to hear from you before the deadline. Sincerely, _____. [AUTHORIZED SIGNER FULL NAME]. [AUTHORIZED SIGNER TITLE]. [COMPANY NAME]. [PHONE NUMBER]. [EMAIL ADDRESS]. Date: [DATE]. Enclosures: copy of attendance and job abandonment policy; prepaid shipping label for property return; [ANY OTHER ENCLOSURES]. For company file: copies of this letter, the certified mail receipt, the contact attempt log, and the timekeeping records for the dates listed have been retained with the separation record.

10. Disclaimer

This template is provided for general informational purposes only and is not legal advice. Treating an absence as job abandonment carries real risk where the underlying reason may be protected, including medical leave, disability accommodation, workers compensation, pregnancy, military service, domestic violence leave, or an immigration or detention matter, and an employee who is hospitalized or incapacitated may be unable to call in. Classifying a separation as voluntary also affects unemployment eligibility and is frequently contested. Final pay deadlines and vacation payout rules vary by state. Confirm that no protected leave or accommodation request is pending and have counsel or an experienced HR professional review the situation before sending this letter. Use of this template does not create an attorney-client relationship with ScanContract.