[DATE]

COMPANY

ADDRESS

CITY, STATE ZIP CODE

Dear [Employee Name],

This letter confirms our discussion today informing you that your employment with COMPANY NAME is terminated effective [date].

*[Optional –Insert details regarding coaching, warnings and other related documentation].*

Your final paycheck will be provided to you on [DATE] and will include payment for unused, accrued vacation hours.

Your health insurance benefits will continue through [DATE]. Your rights to continue coverage under COBRA will be provided to you by mail from our plan administrator.

New York State Labor Law allows you the right to file an application for unemployment benefits.

You can contact [RETIREMENT PLAN ADMINISTRATOR] at [PHONE NUMBER] regarding your retirement plan distribution options.

The following company property must be returned to human resources immediately:

[Type of property (cellphone, laptop, keys, etc.)]

Should you have further questions, please contact me directly at [PHONE NUMBER] or [E-MAIL].

Sincerely,

[NAME]

[JOB TITLE]

[SIGNATURE]