Termination letter

[Company name]
[Address]

[Date]

[Employee full name]
[Employee address]

Dear [Employee first name],

This letter confirms that your employment with [Company name] as [Job title] ends effective [termination date].

Final pay and benefits
- Final paycheck: You will receive your final pay, including all hours worked through [termination date][and accrued, unused vacation or PTO as required by our policy or state law], on [date and method].
- Health insurance: Your coverage ends on [date]. [If the company has 20 or more employees or your state has a continuation law:] You will receive a separate notice explaining how to continue coverage under COBRA[or state continuation coverage].
- 401(k) or retirement plan: [Plan administrator] will send information about your account options.
- Other benefits: [Life insurance, FSA or HSA, commissions, bonus: state what happens to each.]

Company property
Please return [keys, badge, laptop, phone, uniforms, credit card] by [date]. [Explain how: drop off or prepaid shipping label.]

[State notices, if required: California employers attach the EDD pamphlet "For Your Benefit" (DE 2320). New York employers state the exact date benefits end, within five working days of termination.]

If you have questions about your final pay or benefits, contact [Name] at [phone] or [email].

We thank you for your work with us and wish you the best.

Sincerely,

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[Name]
[Title]

Acknowledgment of receipt

I received a copy of this letter. My signature confirms receipt only, not agreement.

Employee signature	Date
Company representative	Date

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