

EMPLOYMENT TERMINATION LETTER

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Employer

Individual

Full Legal Name

SSN / ID

Doc Series

Address

Addressed to:

Employee

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Job Title

Last Day of Employment

Notice Period and Final Pay Arrangements

Reason for Termination, if Stated

Company Property to Return

3. EXECUTION & SIGNATURES

Employer

Signature _____

Full Legal Name

Date _____