

Date of Termination

Name of Employee

Employee's Full Address

Dear *Name of Employee,*

This letter confirms our discussion today that you are being terminated from your employment with ABC Company effective immediately.

[Optional section:

In thanks for your service, you will receive XX weeks of severance pay. You will receive the severance payment in the payroll cycle that immediately follows once you have signed and returned the enclosed release of claims document by the date specified in those documents.

The total severance amount is:

(insert dollar amount) for XX weeks' worth of pay]

[Only include if providing severance pay: In alignment with the Age Discrimination in Employment Act (ADEA), you are allowed 21 days to consider the waiver and release agreement that follows this letter, and then an additional 7 days once signed (if signed within that time period), to revoke your signature and thus the contract itself. We also advise you to consult an attorney prior to signing this agreement to ensure you understand it in its entirety.]

Your medical benefits provided by the company are terminated as of the last day of this month. You will receive COBRA information under separate cover.

You will need to keep the company informed of your contact information so that we are able to provide information you may need in the future such as your tax form in January of 2017.

Thank you for your service to the company and best of luck in your career.

Regards,

Name

(insert title)