*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]

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 tax forms.

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

Regards,

Name

(insert title)*