

DATE:

NAME:

ADDRESS:

Dear _____:

As we have discussed, your employment with _____ terminated at the close of business on _____.

Your benefit coverage will end on _____. COBRA information for benefit coverage(s) is enclosed here. If you choose to elect COBRA for any of the benefits for which you may be eligible, please complete the paperwork within the required amount of time as described in your COBRA continuation letter and send back to us for processing (one form for each family member).

Your final paycheck will be deposited on _____ reflecting payment for hours worked through _____. Paid time off due to you (if any) will be included in your final check.

Please return Company properties to your Supervisor or Human Resources. Company property includes:

We wish you much success. Please do not hesitate to contact us with any questions you may have regarding your separation. We will be happy to help you in any way.

Sincerely,