

Immediate Employee Termination Notice

Please complete all sections. This form serves as the official notice of immediate termination to the employee.

Employee Name:

Employee ID/Number:

Department:

Position/Title:

Date of Termination:

Reason(s) for Immediate Termination:

Details of Incident(s) Leading to Termination:

Final Pay/Benefits:

Company Property To Be Returned (if any):

Additional Notes:

Supervisor/Authorized Signature:

Date:

Notice to Employee: This document serves as formal notification of your immediate dismissal from the company. Please review the information above and address any queries to the HR department. Ensure company property is

returned per the policy.