Employee Termination Notice Form

Date:

Employee Information

Employee Name	Employee ID	Department	Position

Termination Details

Effective Termination Date	Reason for Termination

Severance & Final Compensation

Severance Pay Amount	
Payment Method	
Severance Pay Details (if any conditions apply)	
Unused Vacation or PTO Payout	

Benefits & Obligations

- Continuation of Health Insurance Coverage:
- Return of Company Property:
- Other Final Obligations:

Additional Notes

Employer Signature: _____	Employee Signature: _____
Name & Title:	Name:
Date:	Date: