[Date]

[Employee]

[Address]

Reference: Termination of Employment

Dear [Employee]:

Effective [term date], your employment with [Compass Sector] at [account name] is [involuntarily/voluntarily] terminated due to [list reason].

Your Final Paycheck [is enclosed/will be available on your next scheduled pay day].

If you are enrolled in company insurance benefits, your coverage will end at midnight on the effective date of your termination. Compass Group’s Benefits Department will send you information regarding continuation of your insurance under COBRA. If you have benefits questions or do not receive your COBRA packet, please contact Benefits at 1-877-311-4747 option 1.

If you need to verify your employment with us in the future, please contact our employment verification vendor, The Work Number, at <http://www.theworknumber.com> or 1-800-367-5690 and reference our employer code 11366. Employment verification will be limited to your name, job title, and dates of hire and termination (without termination reason or eligibility for rehire). Wage information will only be provided if authorized by you.

If you have any questions, please contact me at [your number].

Regards,

[Your name, title]

[Sector Name] – [account name]

Cc: