

**S.J. Distributors LLC**  
625 Vista Way  
Milpitas, California 95035  
Tel: (888) 988-2328  
Fax: (888) 988-1318



\_\_\_\_\_  
Today's Day

Employee's name: \_\_\_\_\_

Employee's address:  
\_\_\_\_\_  
\_\_\_\_\_

**Re: Termination of Employment**

Mr./Ms. \_\_\_\_\_;  
[Employee's Last Name]

We have completed our investigation of the incident that happened on \_\_\_\_\_, and we regret to inform that you are being terminated and effective on \_\_\_\_\_. Dishonesty or theft of company property is a very serious offense, and it has shattered our confidence in your integrity.

Please be advised that payment for unused PTO, subsidies, other payment, if any, will be included in your final paycheck. If you are enrolled with Group Health Insurance or 401K, you can expect to receive a separate benefits package that will outline the status of your benefits upon termination. The package will include information about your eligibility for COBRA continuation of group health coverage and the information you will need to contact ADP about your 401(k) balance. We advise you to plan your future insurance needs as the company shall not maintain insurance coverage for you beyond the date of termination.

If you have received any of Company property, you have to arrange for the return of such property within 3 business days of your termination to the Human Resource Office of the Company; otherwise, you can expect to receive an invoice due to retention of Company property.

Please keep the Company informed of your contact information, especially your mailing address, thus HR have the updated contact information for future needs such as mailing W-2 form at year end. Please send your update information to [HR@SJFood.com](mailto:HR@SJFood.com).

Starting from day of termination, terminated employee will no longer represent S.J. Distributors LLC or affiliate with the Company.

This letter will also serve as *Notice to Employee as to Change in Relationship* pursuant to provisions of Section 1089 of the California Unemployment Insurance Code

With this letter, we also enclosed forms DE 2320 – For Your Benefits and Health Insurance Premium Payment (HIP) notice - DHCS 9061 as part of your termination documents.

By signing below, employee is in agreement with the statement above and acknowledges having received all of the outstanding wages/compensations and the foregoing Notice to Employee as to Change in Relationship, Forms DE 2320 and DHCS 9061.

Regards,

HR Department,

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_