,	NOTICE OF DISMISS AT	
Date:	NOTICE OF DISMISSAL	
To:		
	y you that your employment with the firm shall be terminated on, 20, because of the following reasons:	
		_
		_
		_
		_
shall issue you a s	all be in accordance with company policy. Within 30 days of termi statement of accrued benefits. Any insurance benefits shall continuapplicable law and/or provisions of our personnel policy. Please co, at your earliest convenience, who will explanation.	e in ntact
these items and ar	range with you for the return of any company property.	iaiii ca
We sincerely regre	et this action is necessary.	
Very truly,		

D e Copies to: O [Insert List] S