

Employee Notice of Dismissal Due to Job Elimination

Date: _____

To:

Dear _____:

We regret to inform you that, due to the elimination of your job position, you are being dismissed from employment. Your last day of work will be _____.

Any severance pay will be in accordance with company policy. Any insurance benefits will continue in accordance with any state and federal law and/or provisions of company policy. You will be provided, within 30 days of your dismissal with a statement of any accrued benefits that may be due you. Please arrange to meet with _____ at your earliest convenience for an explanation of any benefit issues. If you have any company property, please be sure to return it prior to your last day of employment.

We regret that this action is necessary and we thank you for your work for our company. We will keep your name and personnel records on file and, should another position become available, we will contact you.

Thank you.

Sincerely,

Signature of Employer

Printed Name of Employer