

SAMPLE TERMINATION LETTER

[SCHOOL LETTERHEAD]

Date

Employee's Name

Address

City, State, Zip

Dear [*Employee's Name*],

This letter will confirm our mutual understanding of your employment with [Name of School] which will end effective [date].

You will be paid through [date] on the regular payroll schedule. In accordance with Policy 505, remaining unused vacation days, if eligible, will be paid out at [xx%] on [date]; accrued sick time is not paid.

Your medical [*and dental*] coverage will continue until [date]. Other benefits [*e.g. voluntary life insurance, long-term disability, etc.*], if eligible, will cease on the date of termination. [*Enclosed is an Election of Portability Coverage form for use if you wish to continue your life insurance coverage through UNUM.*]

Sincerely,