

NOTICE OF DISMISSAL

Date: _____

To: _____

We regret to notify you that your employment with the firm shall be terminated on _____, 19____, because of the following reasons:

Severance pay shall be in accordance with company policy. Within 30 days of termination we shall issue you a statement of accrued benefits. Any insurance benefits shall continue in accordance with applicable law and/or provisions of our personnel policy.

Please contact _____, at your earliest convenience, who will

explain each of these items and arrange with you for the return of any company property.

We sincerely regret this action is necessary.

Very truly,

Copies to: