| DATE: / / | | | | | | | |
|---------------------------------------------------------------------|-------------------------------------|------------|----------|-----------|-----------|-------------|-----------|
| NAME AND ADDRESS OF THE EMPLO | YEE: | | | | | | |
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| SUBJECT: D | ismissal, Temp | orary an | d/or Pe | manen | t layoff | | |
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| | | | | | | | |
| Madam, Sir, | | | | | | | |
| The following letter is to advise you the | hat as of | / | 1 | VOLIE | employme | nt with a | ur compan |
| will be terminated, for the reason stat | | / | / | , your | еттрюутте | iit witii O | ur compan |
| | | | | | | | |
| | | | | | | | |
| Your Record of Employment as well a | s your last pay v | will be se | nt to yo | u shortly | y. | | |
| Please note that your last pay will incl | lude. | | | | | | |
| | | | | | | | |
| the payment for the hoursyour 6% or 8% v | | | / | / | and | / | / |
| • your prior notice of | | | | | | | |
| | ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` | , | | | | | |
| Sincerely, | | | | | | | |
| | | | | | | | |
| | for | | | | | | |
| SIGNATURE | | NAME | OF THE | COMPAN | ΙΥ | | |