Termination of Employment Letter

This letter confirms the end of your employment as set out below.

Company

COMPANY NAME

CIN OR REGISTRATION NO.

REGISTERED ADDRESS

Employee

EMPLOYEE NAME

EMPLOYEE ID

DATE OF JOINING

DESIGNATION

DEPARTMENT

Termination

REASON

LAST WORKING DAY

NOTICE

F&F SETTLEMENT BY

Please return company property and complete the exit process. Your full and final settlement, relieving letter and PF transfer will follow.

Employee acknowledgement

☐ I received this letter.

Signed electronically under the Information Technology Act, 2000.

Company

SIGNATURE

PRINTED NAME

DATE

Employee

SIGNATURE

PRINTED NAME

DATE