

JOB ABANDONMENT TERMINATION

[Date]

[Name]

[Street Address]

[City, State ZIP]

Dear [Name],

As of today, you have been absent from work since [Date of Last Day of Work or Last Day of Approved Leave]. Because this absence has not been approved and we have not heard from you after various attempts to contact you, we have determined that you have abandoned your position as [Job Position Title].

In accordance with our policy on job abandonment, we are terminating your employment effective [today's date]. You will receive payment for time worked in the current pay period and for any accrued leave upon a completed review of your leave record. Your final pay check and statement are enclosed.

If there are any extenuating circumstances that prevented you from working or notifying us of the reason for your absence, please notify us in writing no later than [Date].

Please contact [Name] at [Email Address and/or Phone Number] to make arrangements to pick up your personal items and return any company property in your possession.

Sincerely,

[Signature]

[Name of Office Manager / HR Representative]

Copy: HR File