

# NO LONGER EMPLOYED LETTER

To Whom It May Concern:

This letter confirms that the individual named below is no longer employed by the undersigned employer. This confirmation is provided pursuant to the request of the individual and for all lawful purposes.

**Employee Information:**

Full Name: \_\_\_\_\_  
Employee ID (if applicable): \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Department: \_\_\_\_\_

**Employment Details:**

Start Date of Employment: \_\_\_\_\_  
Last Date of Employment: \_\_\_\_\_

The undersigned employer confirms that as of the last date of employment, the employee is no longer employed by the company in any capacity and is not entitled to compensation or benefits beyond that date, except as provided by law or company policy. This letter is provided without admission of any liability and is subject to all applicable laws and regulations of the United States.

**Employer Information:**

Company Name: \_\_\_\_\_  
Authorized Representative Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

**Acknowledgment and Signature:**

By signing below, the authorized representative confirms that the information provided in this letter is true and accurate to the best of their knowledge and that this letter is issued in accordance with the company's policies and applicable laws.

**Authorized Representative Signature**

**Date**

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Signature: \_\_\_\_\_

\_\_\_\_\_

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