**SAMPLE EMPLOYEE DEPARTURE MEMORANDUM**

MEMORANDUM

TO: [Employee Name]

FROM: [Your Name/Department]

DATE: [Current Date, e.g., June 10, 2025]

SUBJECT: Employee Departure

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This memorandum outlines important information regarding your departure from [Firm Name]. Please read it carefully and keep it for your records.

**Contact Information**

To ensure you receive essential documents like your year-end W-2 form, please confirm we have your current home address, email address, home phone number, and mobile number. Let us know if your address changes.

**Final Pay**

Your last regular pay will be direct deposited. Any eligible PTO payment will also be direct deposited and processed as part of payroll on \*\*[Date of Final Pay Processing]\*\*.

**PTO**

*\*\*[NOTE: If PTO is part of a Separation Agreement, do not include this section.]\*\**

You are eligible to receive $[Amount] as payment for [Number] days of unused PTO as of [Date].

**COBRA Election**

Under Federal Law, you have \*\*60 days\*\* from the date you receive your COBRA notice to decide if you want to elect COBRA continuation coverage.

If you wish to continue medical coverage through the Firm, you must actively elect COBRA benefits and return the election form to us. After this period, you will be required to send the firm a check [or, if you have a COBRA administrator, enter that information here] in the amount shown in your COBRA package on the \*\*[Day]\*\* of each and every month you wish to continue COBRA coverage. Checks should be sent to [Name and Address of COBRA Administration]. You will not receive bills for this payment; it is your responsibility to make timely payments. Detailed instructions will be provided in the COBRA package.

If you have any dependents covered under the plan, we are required to mail COBRA packages directly to them by first-class mail using the last address we have on file. For any questions, please call [Name of Benefits Administrator] at [Phone Number].

**401(k) Plan**

Information regarding your 401(k) plan will be sent to you by our plan administrator, [Name of Plan Administrator], upon their receipt of your termination date. This will be mailed to the last address they have on file for you. If you have any questions, please call [Name of Plan Administrator] at [Phone Number].

**Flexible Spending Account (FSA)**

If you are enrolled in a Health or Dependent Care FSA, you have until \*\*11:59 p.m. of your termination date\*\* to incur expenses. However, you have until \*\*April 30th of the following year\*\* to submit claims not submitted during the plan year.

**Transit Account**

If you participate in Transit benefits, you must use all your funds no later than \*\*[Date]\*\*. Please call [Name and Phone Number] for specific information on the requirements of this plan.

**Florida Unemployment Insurance**

Florida's unemployment insurance program is called Reemployment Assistance. To receive more information, please visit the State of Florida’s Unemployment Guide.

**Payroll and W-2 Records**

[Detail how separated employees may still access payroll records, including the need for a new password, etc. For example: You can access your final pay stubs and W-2 records through our online payroll portal. You'll receive an email with instructions for setting a new password within [number] business days.]

**Personal Belongings**

Someone from Office Services will contact you regarding your personal effects. If you have any questions, please call [Name] at [Phone Number].

**Return of Firm Equipment**

Someone from our IT office and HR will accompany you to retrieve any firm equipment and your personal items.

**Personal Documents/Email and Contacts**

In keeping with our firm’s IT policies, please speak with [Name and Phone Number] in IT security to determine what you may remove from the firm. They will assist you.

**Time Records**

If you bill time to clients, please ensure all your time is entered into the system.

**Separation Agreement**

Any questions about your separation agreement must be addressed to the person named in the agreement as your point of contact.

**Questions**

If you have any further questions, please call [Name] at [Phone Number].

**\*Sourced from Denise Kaback and** [**Kaback Consulting**](https://kabackconsulting.com/)**.\***

***Important Note***

***This checklist offers a foundational guideline for developing your firm's termination policies. Remember to customize it to fit your specific needs and situation.***