

Date: _____
To: _____
Designation: _____
Department: _____

Employee Separation Approval Letter

Employee Name: _____
Employee ID: _____
Department: _____
Position: _____
Date of Joining: _____
Last Working Day: _____

Subject: Approval of Separation

Dear _____,

This is to confirm that your request for separation from the organization has been reviewed and approved. Your last working day will be _____. Kindly ensure that you complete all necessary clearance formalities before your departure.

We thank you for your contributions during your tenure and wish you success in your future endeavors.

Manager

HR Department