

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