

Employment Termination Notice

Today's Date: _____

Last Day of Employment: _____

Office Name & Location: _____

Employee's Name: _____

- Notice from Employee to Employer: Please be advised that I am resigning from my position.

- Notice from Employer to Employee: Please be advised that this is a notice of your job termination from your position with Aspire Family Dental®.

Comments: _____

Employee Signature: _____

Office Manager Signature: _____

Clinical Manager Signature: _____

Employer Signature: _____