**Discharge Process Conclusion Letter - Non-Probationary Veteran**

**(Confirmation of Termination of Employment Following Failure to Elect Veteran Hearing)**

[Date]

[Name]

[Address]

Re: Confirmation of Termination of Employment

Dear [Name],

This is confirmation that your employment with [County Name] is terminated effective [date and time (following conclusion of timeframe provided to request veteran hearing)]. This letter contains important information regarding your benefits and final paycheck.

Pursuant to the Veterans Preference Act, Minn. Stat. §197.46, you were notified of the County's intent to discharge you from employment and the rights and procedures applicable to an honorably discharged Veteran to request a veteran hearing. You did not request a veteran hearing by the deadline of [date].

Your County-provided health benefits will end effective [date]. Please watch for information in the mail within [insert timeline e.g., the next 5 business days] regarding benefits continuation options under COBRA. Questions regarding your benefits during COBRA continuation can be addressed to [COBRA Administrator Name or Human Resources].
[***Tip –*** *Only include the COBRA notice text above if this is applicable. In the case of a veteran discharged for misconduct, COBRA rights may not apply*.]

It is required that all County property be returned upon separation from employment. Please contact [Name] at [telephone number/email address] within two business days to make arrangements to return the following items:

* [County identification badge]
* [Office key]
* [Mobile device]
* [Other]

[***Tip*** – Review applicable collective bargaining agreement or county policy to determine if severance payments are due and tailor the following section accordingly.]
Your final paycheck will be issued on [date]. In accordance with [policy or collective bargaining agreement] you will receive pay [for any accrued but unused vacation leave, sick leave, paid time off (PTO), etc.] on [date]. These payments will be directly deposited into the bank account on file. If you would like your final paycheck and/or severance payment to be mailed, please contact [Name] at [telephone number/email address].
[***Tip –*** *Be prepared - the employee can instead demand that the final paycheck be produced within 24 hours.*]

To ensure you receive relevant information from [County Name], including your Form W-2 for [current year], please notify the [Human Resources Office] of any changes to your mailing address.

If you have any questions, please contact me at [telephone number or email address].

Sincerely,

[Name]
[Human Resources Manager]
[County Name]

C: Employee Personnel File