

**Sample Termination Notice to Schedule Policy/Career Employee – June 8, 2026**

**Employee Subject: Notice of Termination**

[Employee Name]

[Employee Title, Work Unit]

[Agency]

[Mailing Address]

This letter informs you of the agency’s decision to remove you from your position of [Employee Title, Work Unit], [Employee Pay Plan-Grade-Step], and the federal service, effective [Insert Effective Date]. This action is taken [if due to unacceptable performance or misconduct, state as such here] under Executive Order 13957, as amended, 5 U.S.C. 7511(b)(2), and [Insert Agency Policy Reference]. A Standard Form 50 documenting your termination will be placed in your electronic official personnel file.

As a Schedule Policy/Career employee, you do not have the right to the procedures under chapter 43 and 75 of title 5, United States Code, including the right to advance notice, hearing, or appeal of this decision. However, if you believe that your removal amounted to a prohibited personnel practice (PPP), you may file a complaint under the agency policy required under Section 6(a) of Executive Order 13957 prohibiting the commission of PPPs against Schedule Policy/Career employees. Such a complaint may be filed within [15 business days] following the date of this notice with the agency’s General Counsel [or equivalent position] via [email address].

Thank you for your [Insert Service History] years of public service. You may contact [Insert Human Resources Point of Contact]- at [Insert Email] with any questions regarding your final paycheck, benefits, and transition. Please turn in all agency equipment and property on or before [DATE] to [Insert Point of Contact].

**Agency Official:**

Signature: \_\_\_\_\_

Name of Agency Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Receipt Acknowledged by Employee:**

Please sign and date this letter in the spaces below to acknowledge receipt. Your signature does not mean you agree or disagree with the contents of this letter, and you will not forfeit any rights in doing so. However, your failure or refusal to sign below will not invalidate the issuance and/or effect of this letter.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_