[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Relieving Letter

Confirming that an employee has been relieved of duties, with the last working day and the service period.

[DD Month YYYY] **To:** [Employee name]

[Employee address line 1] [Employee address line 2] [Town or city], [Postal code]

Subject: Relieving letter - [Employee name] **Dear** [Employee name]**,**

Thank you for your service to [Company name]. We are grateful for the dedication and care you brought to your role as [Job title] in [Department], and for the contribution you made to your colleagues and to the business.

We confirm that you have been relieved of your duties at [Company name] **with effect from** [Last working day]**. You were employed as** [Job title] **in** [Department] **from** [Employment start date] **to** [Last working day]**.**

Service details

Employee: _____ **Employee ID:** _____

Job title: _____ **Department:** _____

Employment start date: _____ **Last working day:** _____

Service period: _____

There are no pending dues or obligations outstanding, and all company property issued to you has been returned.

During employment with [Company name], [Employee name] carried out the duties of the role with dedication and maintained a good conduct record.

We thank you again for your service and wish you every success in your future career. If a future employer asks us to confirm this letter, please ask them to contact [Contact name], [Contact role], on [Contact telephone] or at [Contact email address].

This letter is issued at the request of [Employee name].

Yours sincerely,

[Authorised signatory name] [Authorised signatory job title]

[Company name]

[Contact telephone] [Contact email address]

Authorised signature

Authorised signatory: _____

Role: _____

Signature: _____

Date: _____