[Insert department letter head]

2/20/2025

[Name of Employee]

[Title of Employee]

[Name of Dept]

Dear [First Name and Last Name]:

I regret to inform you that it is necessary to eliminate your position as a [Job Title] in [Dept] at the University of Washington based on [lack of work/lack of funds]. This action is effective [Date] at the end of your work shift.

Please work with your manager to ensure that all your hours worked are recorded, any University property is returned, and ongoing tasks are transitioned.

The Benefits Office is available to assist you with benefits-related questions. You may contact the Benefits Office at benefits@uw.edu or 206-543-4444.

Thank you for your service to the University.

[Name of manager or other unit administrator]

[Title]

[Name of Dept]

Cc: [Name of Dept HR contact]

employeerelations@uw.edu