

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

RE: Notice of Last Chance Agreement (LFA)

This letter serves as formal notification of your Last Chance Agreement with [Company Name] due to [briefly describe the reason, e.g., recent performance issues, policy violations, etc.].

Effective [start date of LFA], you will be subject to the terms and conditions outlined below:

1. **\*\*Duration\*\***: The agreement will remain in effect for [duration, e.g., 90 days].
2. **\*\*Performance Expectations\*\***: You are expected to [describe specific performance expectations or behaviors].
3. **\*\*Consequences\*\***: Failure to meet these expectations may result in [detail consequences, such as termination].
4. **\*\*Support\*\***: [Optional: Describe any support or resources provided to the employee].

Please sign and return a copy of this letter by [due date] to confirm your understanding of this agreement.

We hope that you will take this opportunity to improve your performance.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Phone Number]

[Company Email Address]

[Employee Signature] \_\_\_\_\_ Date: \_\_\_\_\_

[Print Employee Name] \_\_\_\_\_