

Opsigelse / Notice of termination

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| Navn og stilling / Name and position: | | |
| Adresse / Address: | | |
| Postnr. /Postal code: | By / Town: | CPR-nr. / Personal ID no. |
| Opsiges hermed. Sidste arbejdsdag bliver / Is hereby given notice of termination. Your last day of work will be | Dato /Date: | |
| Grunden til opsigelsen /Reason for the termination: | | |
| Evt. tilgodehavende feriedage / Claim, holiday pay: | | |
| Opsigelse modtaget/ Notice of termination received: | Dato / Date: | Dato / Date: |
| | Medarbejderens underskrift / Employees signature: | Arbejdsgiverens navn og underskrift / Employers name and signature: |