## **LETTER OF TERMINATION**

To whom this may concern;	
This is to certify that I,	, who is employed
by	
Exemption", which I "Sincerely Believ	ve" and has terminated my employment for
refusal to take a "Covid-19 Vaccination	on" shot. This letter may be used for future
litigation concerning this unlawful te	rmination.
Supervisor	
Date	
Time	
If letter is not signed by a representa	tive of the employer; then this letter will be
	in the presence of a representative of the
employer.	
Employee	·
Date	
Time	<del></del>
Name of representative of the emplo	over