

*(Name and address of the employer)*

 *(Name and address of the employee)*

 *(Place and date)*

**Sending by ordinary mail and by registered mail with acknowledgement of receipt (*optional)***

Concern: Termination by operation of law of your contract of employment concluded on …

*(Mrs./Mr.),*

We have been informed by the National Health Fund (CNS) by letter of ... that your rights to sick pay have been exhausted as of ...

In accordance with article L. 125-4. point 2 of the Labour Code, your employment contract therefore automatically ceased on the same date of ...

Yours sincerely

 *(Name of the signer)*

 Representant of the company