

Final Employer's Liability Acceptance Letter

Date: 12 June 2024

To: [Employee's Name]

Employee ID: [ID Number]

Designation: [Designation]

Department: [Department]

Address: [Employee's Address]

Dear [Employee's Name],

This letter serves as formal confirmation and acceptance of the final settlement of all employer's liability claims concerning your employment with **[Company Name]**. As per our discussions and agreed terms, all statutory, contractual, and additional dues, including but not limited to salary, notice pay, gratuity, bonus, leave encashment, and any other admissible benefits, have been settled and accepted as final by both parties.

By accepting this letter and the amounts mentioned in the final settlement statement, you acknowledge the receipt of all dues and confirm that you have no further claims against **[Company Name]** or any of its affiliates, employees, officers, or directors with respect to your employment or its cessation.

Please sign and return a copy of this letter as an acknowledgment of your acceptance.

Sincerely,

[Authorized Signatory Name]

[Designation]

[Company Name]

Important Notes:

- Ensure the settlement amount and all due benefits are clearly itemized in an attached statement.
- Both the employer and employee should retain a signed copy of this letter for future reference.
- This letter should comply with company policy and local labor laws.
- Consult legal or HR professionals in case of any doubt before signing or issuing this document.