

[Company Name]
[Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee ID]
[Address]
[City, State, Zip Code]

Subject: Mandatory Furlough Benefits Notification

Dear [Employee Name],

As previously communicated, [Company Name] will implement a mandatory furlough starting on [Start Date] and ending on [End Date]. This letter provides important information regarding your benefits during this period.

Health and Insurance Benefits

Your health, dental, and vision insurance coverage will [remain active / be suspended] during the furlough period. If coverage remains active, you are still responsible for your portion of the premiums. [Explain how premiums will be collected, e.g., deducted from future checks or paid via check].

Retirement Plans

Contributions to your [401k/Retirement Account] will pause during the furlough, as these are based on earned wages. Employer matching contributions will also be suspended during this time.

Paid Time Off (PTO) and Sick Leave

You [will / will not] continue to accrue PTO or vacation hours during the furlough. You [may / may not] use existing PTO to supplement your income during this period.

Unemployment Insurance

Because this is a mandatory furlough, you may be eligible for unemployment benefits through the state. Please contact your local state unemployment office to file a claim and determine eligibility.

Company Property

You are [required / not required] to return company equipment, such as laptops and keys, for the duration of the furlough.

If you have questions regarding your specific benefit status, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Sender Name]

[Sender Title]