

[Company Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

RE: Notice of Furlough and Suspension of Benefits

Dear [Employee Name],

Pursuant to the terms of the Collective Bargaining Agreement (CBA) between [Company Name] and [Union Name], this letter serves as formal notification that you are being placed on furlough effective [Furlough Start Date]. This action is due to [Reason for Furlough, e.g., seasonal downturn/economic conditions].

Status of Benefits:

In accordance with [CBA Section/Article Number], please be advised of the following changes to your benefits during this furlough period:

- **Health, Dental, and Vision Insurance:** Your employer-sponsored coverage will be suspended effective [Date]. You will receive a separate COBRA notice regarding your rights to continue coverage at your own expense.
- **Retirement/Pension Contributions:** Company contributions to [401k/Pension Plan] will cease for the duration of the furlough.
- **Paid Time Off (PTO/Vacation):** Accrual of vacation and sick leave will be paused starting [Date]. [Optional: You may/may not use accrued time during this period per CBA rules].
- **Life and Disability Insurance:** Coverage will be suspended effective [Date].

Return to Work:

At this time, we anticipate the furlough to be [Temporary/Indefinite]. We tentatively expect your recall date to be [Date], subject to change based on business needs and seniority rules as outlined in the CBA. We will notify you and [Union Name] via [Contact Method] regarding your return to active status.

Union Representation:

If you have questions regarding your rights under the Collective Bargaining Agreement, please contact your Union Steward, [Steward Name], at [Phone Number].

Please contact the Human Resources Department at [HR Phone Number] for any questions regarding your benefits enrollment or COBRA documentation.

Sincerely,

[Name]

[Title]

[Company Name]

cc: [Union Name/Local Number]