

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

[Date]

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

Subject: Notice of Department Closure and Employment Termination

Dear [Employee Name],

Please be advised that [Company Name] has made the difficult decision to permanently close the [Department Name] department, effective [Last Date of Operations].

As a result of this closure, your position as [Job Title] is being eliminated, and your employment with the company will terminate on [Final Employment Date]. This decision is based on organizational restructuring and is not a reflection of your individual performance.

Regarding your final compensation and benefits:

- **Final Paycheck:** You will receive your final wages, including payment for any accrued but unused vacation time, on [Date] via [Payment Method].
- **Severance:** [Detail severance package details here, or state "You are not eligible for severance."]
- **Benefits:** Your health insurance coverage will continue until [Date]. You will receive a separate notice regarding your rights to continue coverage under COBRA.
- **Company Property:** Please return all company property, including laptops, keys, and badges, to [Name/Department] by [Date].

We would like to thank you for your contributions to [Company Name] and wish you the best in your future endeavors. If you require a letter of recommendation or have questions regarding your transition, please contact [HR Contact Name] at [Phone/Email].

Sincerely,

[Signature]

[Manager Name/HR Representative Name]
[Title]