

[Date]

[Employee Name]  
[Employee ID]  
[Department Name]

**Subject: Notice of Separation due to Departmental Closure**

Dear [Employee Name],

Please be advised that [Company Name] has made the difficult strategic decision to permanently close the [Department Name] department. As a result of this closure, your position as [Job Title] is being eliminated through a Reduction in Force (RIF).

Your final day of employment will be [Final Date of Employment].

This decision is based on organizational restructuring and is not a reflection of your individual job performance. All employees within the [Department Name] are affected by this action.

Regarding your transition, please note the following information:

- **Compensation:** You will receive your final paycheck on [Date], which will include payment for all hours worked up to your final day, plus [mention any accrued vacation/PTO payouts if applicable].
- **Severance:** [Detail severance package details here, or state "You are eligible for a severance package as detailed in the attached agreement"].
- **Benefits:** Your health insurance and other benefits will continue until [Date]. You will receive separate information regarding COBRA coverage and retirement account options.
- **Company Property:** Please return all company-issued equipment, including [laptop, keys, badges, etc.], to [Department/Person] by [Date].

We appreciate the contributions you have made to [Company Name] and wish you success in your future endeavors. If you have questions regarding your transition or benefits, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Signature]  
[Name of Manager or HR Representative]  
[Title]