Severance Agreement and General Release

Date: [Date]

To: [Employee Name]

From: [Company Name]

This Severance Agreement and General Release ("Agreement") sets forth the terms of your separation from [Company Name] (the "Company"). Your employment will terminate effective [Termination Date].

1. Severance Payment

Subject to your execution and non-revocation of this Agreement, the Company agrees to pay you a gross severance amount of $[Amount], less applicable tax withholdings. This payment will be made via [Direct Deposit/Check] on [Date].

2. Benefits and COBRA

Your healthcare benefits will continue through [Date]. After this date, you will receive information regarding your right to continue coverage under COBRA at your own expense, unless otherwise specified here: [Additional Benefit Terms].

3. Release of Claims

In exchange for the severance payment, you hereby release and forever discharge the Company, its affiliates, officers, and employees from any and all claims, liabilities, or causes of action arising out of your employment or the termination of your employment, including but not limited to claims under the Civil Rights Act, the ADEA, the ADA, and any other federal, state, or local laws.

4. Confidentiality and Non-Disparagement

You agree to keep the terms of this Agreement confidential and agree not to make any negative or disparaging statements regarding the Company or its employees to any third party.

5. Return of Property

You confirm that you have returned all Company property, including keys, badges, laptops, and any confidential documents or data.

6. Review Period and Revocation

You have [Number, e.g., 21] days to consider this Agreement. Once signed, you have [Number, e.g., 7] days to revoke your signature. This Agreement becomes effective on the eighth day following your signature.

By signing below, you acknowledge that you have read and understood this Agreement and are signing it voluntarily.

Company Representative Signature: _____

Name/Title: [Name/Title]

Date: [Date]

Employee Signature: _____

Name: [Employee Name]

Date: [Date]