[Company Name]
[Company Address]
[Date]

[Employee Name]
[Employee Address]

Subject: Notification of Position Elimination

Dear [Employee Name],

Please accept this letter as formal notification that your position as [Job Title] is being eliminated due to [reason for elimination, e.g., restructuring, budgetary constraints, or organizational changes]. As a result, your employment with [Company Name] will end on [Effective Date].

This decision is based on business requirements and is not a reflection of your individual performance. We appreciate the contributions you have made during your time with us.

Regarding your transition, please note the following:

- **Final Pay:** You will receive your final paycheck on [Date], which will include payment for all hours worked up to your last day and any accrued but unused vacation time.
- **Benefits:** Your health insurance coverage will continue until [Date]. You will receive a separate package via mail regarding your COBRA rights and options for continuing coverage.
- **Severance:** [Detail severance package information if applicable, or state "You are eligible for a severance package contingent upon signing a separation agreement"].
- **Company Property:** Please return all company property, including keys, laptop, and ID badges, by [Date].

If you have any questions regarding your benefits or the transition process, please contact [HR Contact Name] at [Phone Number/Email].

We wish you the best in your future professional endeavors.

Sincerely,

[Your Name]
[Your Title]
[Company Name]