

[Company Name]

[Company Address]

[City, State, Zip Code]

[Date]

VIA [Delivery Method: Certified Mail / Email / Hand Delivery]

To: [Name of State Dislocated Worker Unit Representative]

[Name of Local Elected Official]

RE: Notice of Facility Closure

This letter is to notify you that [Company Name] will permanently close its entire facility located at [Full Facility Address].

The entire facility will close, and all employees at this location will be impacted. The expected date of the first separation of employees is [Date], or during the 14-day period commencing on that date. We expect the facility closure to be complete by [Final Closure Date].

The planned action is expected to be permanent. There are no bumping rights available for affected employees, and employees are not represented by a union.

The following is a list of the job titles of positions to be affected and the number of affected employees in each job classification:

Job Title	Number of Employees
[Job Title 1]	[Number]
[Job Title 2]	[Number]

For further information, please contact [Name of Company Contact] at [Phone Number] or [Email Address].

Sincerely,

[Name of Authorized Official]

[Title]

[Company Name]