

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

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

Subject: Notice of Facility Closure and Termination of Employment

Dear [Employee Name],

Please be advised that [Company Name] will be permanently closing its facility located at [Facility Address]. As a result of this closure, the operations of this location will be relocated to [New Location City/State].

Due to this relocation and the consolidation of operations, your position as [Job Title] will be eliminated. Consequently, your employment with [Company Name] will terminate on [Final Working Date].

Regarding your final compensation and benefits:

- Your final paycheck, including all hours worked up to your last day, will be issued on [Date].
- [Optional: Information regarding severance pay, if applicable].
- [Optional: Information regarding accrued vacation or PTO payout].
- Your health insurance benefits will continue through [Date], after which you will receive information regarding COBRA coverage.

We appreciate your contributions to the company and wish you the best in your future endeavors. Please return all company property, including keys, badges, and equipment, to [Department/Person] by your final day of employment.

If you have any questions regarding this transition, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Signature]
[Sender Name]
[Sender Title]